INTERNATIONAL EVALUATION OF RESEARCH AND DOCTORAL TRAINING AT THE UNIVERSITY OF HELSINKI 2005–2010

RC-Specific Evaluation of DECODE/DECODA – The Diabetes Epidemiology: Collaborative analysis of Diagnostic criteria in Europe and in Asia

Seppo Saari & Antti Moilanen (Eds.)
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Summary:
Researcher Community (RC) was a new concept of the participating unit in the evaluation. Participation in the evaluation was voluntary and the RCs had to choose one of the five characteristic categories to participate.

Evaluation of the Researcher Community was based on the answers to the evaluation questions. In addition a list of publications and other activities were provided by the TUHAT system. The CWTS/Leiden University conducted analyses for 80 RCs and the Helsinki University Library for 66 RCs. Panelists, 49 and two special experts in five panels evaluated all the evaluation material as a whole and discussed the feedback for RC-specific reports in the panel meetings in Helsinki. The main part of this report is consisted of the feedback which is published as such in the report.

Chapters in the report:
1. Background for the evaluation
2. Evaluation feedback for the Researcher Community
3. List of publications
4. List of activities
5. Bibliometric analyses

The level of the RCs' success can be concluded from the written feedback together with the numeric evaluation of four evaluation questions and the category fitness. More conclusions of the success can be drawn based on the University-level report.

RC-specific information:

Main scientific field of research: Medicine, Biomedicine and Health Sciences

Participation category:
4. Research of the participating community represents an innovative opening

RC's responsible person:
Qiao, Qing

Keywords:
Research Evaluation, Meta-evaluation, Doctoral Training, Bibliometric Analyses, Researcher Community

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Foreword

The evaluation of research and doctoral training is being carried out in the years 2010–2012 and will end in 2012. The steering group appointed by the Rector in January 2010 set the conditions for participating in the evaluation and prepared the Terms of Reference to present the evaluation procedure and criteria. The publications and other scientific activities included in the evaluation covered the years 2005–2010.

The participating unit in the evaluation was defined as a Researcher Community (RC). To obtain a critical mass with university-level impact, the number of members was set to range from 20 to 120. The RCs were required to contain researchers in all stages of their research career, from doctoral students to principal investigators (PIs). All in all, 136 Researcher Communities participated in this voluntary evaluation, 5857 persons in total, of whom 1131 were principal investigators. PIs were allowed to participate in two communities in certain cases, and 72 of them used this opportunity and participated in two RCs.

This evaluation enabled researchers to define RCs from the “bottom up” and across disciplines. The aim of the evaluation was not to assess individual performance but a community with shared aims and researcher-training activities. The RCs were able to choose among five different categories that characterised the status and main aims of their research. The steering group considered the process of applying to participate in the evaluation to be important, which lead to the establishment of these categories. In addition, providing a service for the RCs to enable them to benchmark their research at the global level was a main goal of the evaluation.

The data for the evaluation consisted of the RCs’ answers to evaluation questions on supplied e-forms and a compilation extracted from the TUHAT – Research Information System (RIS) on 12 April 2011. The compilation covered scientific and other publications as well as certain areas of scientific activities. During the process, the RCs were asked to check the list of publications and other scientific activities and make corrections if needed. These TUHAT compilations are public and available on the evaluation project sites of each RC in the TUHAT-RIS.

In addition to the e-form and TUHAT compilation, University of Leiden (CWTS) carried out bibliometric analyses from the articles included in the Web of Science (WoS). This was done on University and RC levels. In cases where the publication forums of the RC were clearly not represented by the WoS data, the Library of the University of Helsinki conducted a separate analysis of the publications. This was done for 66 RCs representing the humanities and social sciences.

The evaluation office also carried out an enquiry targeted to the supervisors and PhD candidates about the organisation of doctoral studies at the University of Helsinki. This and other documents describing the University and the Finnish higher education system were provided to the panellists.

The panel feedback for each RC is unique and presented as an entity. The first collective evaluation reports available for the whole panel were prepared in July–August 2011. The reports were accessible to all panel members via the electronic evaluation platform in August. Scoring from 1 to 5 was used to complement written feedback in association with evaluation questions 1–4 (scientific focus and quality, doctoral training, societal impact, cooperation) and in addition to the category evaluating the fitness for participation in the evaluation. Panellists used the international level as a point of comparison in the evaluation. Scoring was not expected to go along with a preset deviation.

Each of the draft reports were discussed and dealt with by the panel in meetings in Helsinki (from 11 September to 13 September or from 18 September to 20 September 2011). In these meetings the panels also examined the deviations among the scores and finalised the draft reports together.

The current RC-specific report deals shortly with the background of the evaluation and the terms of participation. The main evaluation feedback is provided in the evaluation report, organised according to the evaluation questions. The original material provided by the RCs for the panellists has been attached to these documents.
On behalf of the evaluation steering group and office, I sincerely wish to thank you warmly for your participation in this evaluation. The effort you made in submitting the data to TUHAT-RIS is gratefully acknowledged by the University. We wish that you find this panel feedback useful in many ways. The bibliometric profiles may open a new view on your publication forums and provide a perspective for discussion on your choice of forums. We especially hope that this evaluation report will help you in setting the future goals of your research.

Johanna Björkroth
Vice-Rector
Chair of the Steering Group of the Evaluation

Steering Group of the evaluation
Steering group, nominated by the Rector of the University, was responsible for the planning of the evaluation and its implementation having altogether 22 meetings between February 2010 and March 2012.

Chair
Vice-Rector, professor Johanna Björkroth

Vice-Chair
Professor Marja Airaksinen

Chief Information Specialist, Dr Maria Forsman
Professor Arto Mustajoki
University Lecturer, Dr Kirsi Pyhältö
Director of Strategic Planning and Development, Dr Ossi Tuomi
Doctoral candidate, MSocSc Jussi Vauhkonen
Panel members

CHAIR

Professor Lorenz Poellinger
Cancer biology, cell and molecular biology
Karolinska Institute, Sweden

VICE-CHAIR

Professor Cornelia van Duijn
Genetic epidemiology, Alzheimer’s disease and related disorders
Erasmus Medical Centre, the Netherlands

Professor Johanna Ivaska
Molecular cell biology, cell adhesion, cancer biology
University of Turku, VTT Technical Research Centre, Finland

Professor Olli Lassila
Immunology, medical microbiology
University of Turku, Finland

Professor Hans-Christian Pape
Neuroscience, neurophysiology
University of Münster, Germany

Professor Thomas Ruzicka
Dermatology, allergology
Ludwig-Maximilians-Universität (LMU) München, Germany

Professor Lars Terenius
Experimental alcohol and drug dependence research, mental disorders, preventive medicine
Karolinska Institute, Sweden

Professor Peter York
Physical pharmaceutics, pharmaceutical chemistry, pharmaceutical technology
University of Bradford, Great Britain

The panel, independently, evaluated all the submitted material and was responsible for the feedback of the RC-specific reports. The panel members were asked to confirm whether they had any conflict of interests with the RCs. If this was the case, the panel members disqualified themselves in discussion and report writing.

Added expertise to the evaluation was contributed by two evaluators outside the panels and by three members from the other panels.

External Experts

Professor Olli Carpén
Pathology, cancer cell metastasis
University of Turku
Finland

Professor Anders Linde
Oral biochemistry
Faculty of Odontontology
Göteborg University
Sweden
Experts from the Other Panels
Professor Jan-Otto Carlsson, from the Panel of Natural Sciences
Professor Danny Huylebroek, from the Panel of Biological, Agricultural and Veterinary Sciences
Professor Holger Stark, from the Panel of Natural Sciences

EVALUATION OFFICE
Dr Seppo Saari, Doc., Senior Adviser in Evaluation, was responsible for the entire evaluation, its planning and implementation and acted as an Editor-in-chief of the reports.
Dr Eeva Sievi, Doc., Adviser, was responsible for the registration and evaluation material compilations for the panellists. She worked in the evaluation office from August 2010 to July 2011.
MScSc Paula Ranne, Planning Officer, was responsible for organising the panel meetings and all the other practical issues like agreements and fees and editing a part the RC-specific reports. She worked in the evaluation office from March 2011 to January 2012.
Mr Antti Möllanen, Project Secretary, was responsible for editing the reports. He worked in the evaluation office from January 2012 to April 2012.

TUHAT OFFICE
Provision of the publication and other scientific activity data
Mrs Aija Kaitera, Project Manager of TUHAT-RIS served the project ex officio providing the evaluation project with the updated information from TUHAT-RIS. The TUHAT office assisted in mapping the publications with CWTS/University of Leiden.
MA Liisa Ekebom, Assisting Officer, served in TUHAT-RIS updating the publications for the evaluation. She also assisted the UH/Library analyses.
BA Liisa Jäppinen, Assisting Officer, served in TUHAT-RIS updating the publications for the evaluation.

HELSINKI UNIVERSITY LIBRARY
Provision of the publication analyses
Dr Maria Forsman, Chief Information Specialist in the Helsinki University Library, managed with her 10 colleagues the bibliometric analyses in humanities, social sciences and in other fields of sciences where CWTS analyses were not applicable.
Acronyms and abbreviations applied in the report

External competitive funding
AF – Academy of Finland
TEKES - Finnish Funding Agency for Technology and Innovation
EU - European Union
ERC - European Research Council
International and national foundations
FP7/6 etc. /Framework Programmes/Funding of European Commission

Evaluation marks
Outstanding (5)
Excellent (4)
Very Good (3)
Good (2)
Sufficient (1)

Abbreviations of Bibliometric Indicators
P - Number of publications
TCS – Total number of citations
MCS - Number of citations per publication, excluding self-citations
PNC - Percentage of uncited publications
MNCS - Field-normalized number of citations per publication
MNJS - Field-normalized average journal impact
THCPI0 - Field-normalized proportion highly cited publications (top 10%)
INT_COV - Internal coverage, the average amount of references covered by the WoS
WoS – Thomson Reuters Web of Science Databases

Participation category
Category 1. The research of the participating community represents the international cutting edge in its field.
Category 2. The research of the participating community is of high quality, but the community in its present composition has yet to achieve strong international recognition or a clear break-through.
Category 3. The research of the participating community is distinct from mainstream research, and the special features of the research tradition in the field must be considered in the evaluation.
Category 4. The research of the participating community represents an innovative opening.
Category 5. The research of the participating community has a highly significant societal impact.

Research focus areas of the University of Helsinki
Focus area 1: The basic structure, materials and natural resources of the physical world
Focus area 2: The basic structure of life
Focus area 3: The changing environment – clean water
Focus area 4: The thinking and learning human being
Focus area 5: Welfare and safety
Focus area 6: Clinical research
Focus area 7: Precise reasoning
Focus area 8: Language and culture
Focus area 9: Social justice
Focus area 10: Globalisation and social change
1 Introduction to the Evaluation

1.1 RC-specific evaluation reports

The participants in the evaluation of research and doctoral training were Researcher Communities (hereafter referred to as the RC). The RC refers to the group of researchers who registered together in the evaluation of their research and doctoral training. Preconditions in forming RCs were stated in the Guidelines for the Participating Researcher Communities. The RCs defined themselves whether their compositions should be considered well-established or new.

It is essential to emphasise that the evaluation combines both meta-evaluation\(^1\) and traditional research assessment exercise and its focus is both on the research outcomes and procedures associated with research and doctoral training. The approach to the evaluation is enhancement-led where self-evaluation constituted the main information. The answers to the evaluation questions formed together with the information of publications and other scientific activities an entity that was to be reviewed as a whole.

The present evaluation recognizes and justifies the diversity of research practices and publication traditions. Traditional Research Assessment Exercises do not necessarily value high quality research with low volumes or research distinct from mainstream research. It is challenging to expose the diversity of research to fair comparison. To understand the essence of different research practices and to do justice to their diversity was one of the main challenges of the present evaluation method. Understanding the divergent starting points of the RCs demanded sensitivity from the evaluators.

1.2 Aims and objectives in the evaluation

The aims of the evaluation are as follows:

- to improve the level of research and doctoral training at the University of Helsinki and to raise their international profile in accordance with the University's strategic policies. The improvement of doctoral training should be compared to the University's policy.\(^2\)
- to enhance the research conducted at the University by taking into account the diversity, originality, multidisciplinary nature, success and field-specificity,
- to recognize the conditions and prerequisites under which excellent, original and high-impact research is carried out,
- to offer the academic community the opportunity to receive topical and versatile international peer feedback,
- to better recognize the University's research potential.
- to exploit the University's TUHAT research information system to enable transparency of publishing activities and in the production of reliable, comparable data.

1.3 Evaluation method

The evaluation can be considered as an enhancement-led evaluation. Instead of ranking, the main aim is to provide useful information for the enhancement of research and doctoral training of the participating RCs. The comparison should take into account each field of science and acknowledge their special character.

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\(^1\) The panellists did not read research reports or abstracts but instead, they evaluated answers to the evaluation questions, tables and compilations of publications, other scientific activities, bibliometrics or comparable analyses.

\(^2\) Policies on doctoral degrees and other postgraduate degrees at the University of Helsinki.
The comparison produced information about the present status and factors that have lead to success. Also challenges in the operations and outcomes were recognized.

The evaluation approach has been designed to recognize better the significance and specific nature of researcher communities and research areas in the multidisciplinary top-level university. Furthermore, one of the aims of the evaluation is to bring to light those evaluation aspects that differ from the prevalent ones. Thus the views of various fields of research can be described and research arising from various starting points understood better. The doctoral training is integrated into the evaluation as a natural component related to research. Operational processes of doctoral training are being examined in the evaluation.

**Five stages of the evaluation method were:**
1. Registration – Stage 1
2. Self-evaluation – Stage 2
3. TUHAT\(^3\) compilations on publications and other scientific activities\(^4\)
4. External evaluation
5. Public reporting

### 1.4 Implementation of the external evaluation

**Five Evaluation Panels**
Five evaluation panels consisted of independent, renowned and highly respected experts. The main domains of the panels are:
1. biological, agricultural and veterinary sciences
2. medicine, biomedicine and health sciences
3. natural sciences
4. humanities
5. social sciences

The University invited 10 renowned scientists to act as chairs or vice-chairs of the five panels based on the suggestions of faculties and independent institutes. Besides leading the work of the panel, an additional role of the chairs was to discuss with other panel chairs in order to adopt a broadly similar approach. The panel chairs and vice-chairs had a pre-meeting on 27 May 2011 in Amsterdam.

The panel compositions were nominated by the Rector of the University 27 April 2011. The participating RCs suggested the panel members. The total number of panel members was 50. The reason for a smaller number of panelists as compared to the previous evaluations was the character of the evaluation as a meta-evaluation. The panellists did not read research reports or abstracts but instead, they evaluated answers to the evaluation questions, tables and compilations of publications, other scientific activities, bibliometrics and comparable analyses.

The panel meetings were held in Helsinki:
- On 11–13 September 2011: (1) biological, agricultural and veterinary sciences, (2) medicine, biomedicine and health sciences and (3) natural sciences.
- On 18–20 September 2011: (4) humanities and (5) social sciences.

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\(^3\) TUHAT (acronym) of Research Information System (RIS) of the University of Helsinki

\(^4\) Supervision of thesis, prizes and awards, editorial work and peer reviews, participation in committees, boards and networks and public appearances.
1.5 Evaluation material

The main material in the evaluation was the RCs' self-evaluations that were qualitative in character and allowed the RCs to choose what was important to mention or emphasise and what was left unmentioned.

The present evaluation is exceptional at least in the Finnish context because it is based on both the evaluation documentation (self-evaluation questions, publications and other scientific activities) and the bibliometric reports. All documents were delivered to the panellists for examination.

Traditional bibliometrics can be reasonably done mainly in medicine, biosciences and natural sciences when using the Web of Science database, for example. Bibliometrics, provided by CWTS/The Centre for Science and Technology Studies, University of Leiden, cover only the publications that include WoS identification in the TUHAT-RIS.

Traditional bibliometrics are seldom relevant in humanities and social sciences because the international comparable databases do not store every type of high quality research publications, such as books and monographs and scientific journals in other languages than English. The Helsinki University Library has done analysis to the RCs, if their publications were not well represented in the Web of Science databases (RCs should have at least 50 publications and internal coverage of publications more than 40%) – it meant 58 RCs. The bibliometric material for the evaluation panels was available in June 2011. The RC-specific bibliometric reports are attached at the end of each report.

The panels were provided with the evaluation material and all other necessary background information, such as the basic information about the University of Helsinki and the Finnish higher education system.

Evaluation material
1. Registration documents of the RCs for the background information
2. Self evaluation material – answers to the evaluation questions
3. Publications and other scientific activities based on the TUHAT RIS:
   3.1. statistics of publications
   3.2. list of publications
   3.3. statistics of other scientific activities
   3.4. list of other scientific activities
4. Bibliometrics and comparable analyses:
   4.1. Analyses of publications based on the verification of TUHAT-RIS publications with the Web of Science publications (CWTS/University of Leiden)
   4.2. Publication statistics analysed by the Helsinki University Library - mainly for humanities and social sciences
5. University level survey on doctoral training (August 2011)
6. University level analysis on publications 2005–2010 (August 2011) provided by CWTS/University of Leiden

Background material

University of Helsinki
- Basic information about the University of the Helsinki
- The structure of doctoral training at the University of Helsinki
- Previous evaluations of research at the University of Helsinki – links to the reports: 1998 and 2005

The Finnish Universities/Research Institutes
- Finnish University system
- Evaluation of the Finnish National Innovation System
- The State and Quality of Scientific Research in Finland, Publication of the Academy of Finland 9/09.

The evaluation panels were provided also with other relevant material on request before the meetings in Helsinki.
1.6 Evaluation questions and material

The participating RCs answered the following evaluation questions which are presented according to the evaluation form. In addition, TUHAT RIS was used to provide the additional material as explained. For giving the feedback to the RCs, the panellists received the evaluation feedback form constructed in line with the evaluation questions:

1. Focus and quality of the RC’s research
   - Description of
     - the RC’s research focus.
     - the quality of the RC’s research (incl. key research questions and results)
     - the scientific significance of the RC’s research in the research field(s)
   - Identification of the ways to strengthen the focus and improve the quality of the RC’s research

The additional material: TUHAT compilation of the RC’s publications, analysis of the RC’s publications data (provided by University of Leiden and the Helsinki University Library)
A written feedback from the aspects of: scientific quality, scientific significance, societal impact, innovativeness
   - Strengths
   - Areas of development
   - Other remarks
   - Recommendations

Numeric evaluation: OUTSTANDING (5), EXCELLENT (4), VERY GOOD (3), GOOD (2), SUFFICIENT (1)

2. Practises and quality of doctoral training
   - Organising of the doctoral training in the RC. Description of the RC’s principles for:
     - recruitment and selection of doctoral candidates
     - supervision of doctoral candidates
     - collaboration with faculties, departments/institutes, and potential graduate schools/docoral programmes
     - good practises and quality assurance in doctoral training
     - assuring of good career perspectives for the doctoral candidates/fresh doctorates
   - Identification of the RC’s strengths and challenges related to the practises and quality of doctoral training, and the actions planned for their development.

The additional material: TUHAT compilation of the RC’s other scientific activities/supervision of doctoral dissertations
A written feedback from the aspects of: processes and good practices related to leadership and management
   - Strengths
   - Areas of development
   - Other remarks
   - Recommendations

Numeric evaluation: OUTSTANDING (5), EXCELLENT (4), VERY GOOD (3), GOOD (2), SUFFICIENT (1)

3. The societal impact of research and doctoral training
   - Description on how the RC interacts with and contributes to the society (collaboration with public, private and/or 3rd sector).
   - Identification of the ways to strengthen the societal impact of the RC’s research and doctoral training.

The additional material: TUHAT compilation of the RC’s other scientific activities.
A written feedback from the aspects of: societal impact, national and international collaboration, innovativeness
   - Strengths
   - Areas of development
   - Other remarks
   - Recommendations

Numeric evaluation: OUTSTANDING (5), EXCELLENT (4), VERY GOOD (3), GOOD (2), SUFFICIENT (1)
4. International and national (incl. intersectoral) research collaboration and researcher mobility
   - Description of
     - the RC’s research collaborations and joint doctoral training activities
     - how the RC has promoted researcher mobility
     - Identification of the RC’s strengths and challenges related to research collaboration and researcher mobility, and the actions planned for their development.

A written feedback from the aspects of: scientific quality, national and international collaboration
   - Strengths
   - Areas of development
   - Other remarks
   - Recommendations

Numeric evaluation: OUTSTANDING (5), EXCELLENT (4), VERY GOOD (3), GOOD (2), SUFFICIENT (1)

5. Operational conditions
   - Description of the operational conditions in the RC’s research environment (e.g. research infrastructure, balance between research and teaching duties).
   - Identification of the RC’s strengths and challenges related to operational conditions, and the actions planned for their development.

A written feedback from the aspects of: processes and good practices related to leadership and management
   - Strengths
   - Areas of development
   - Other remarks
   - Recommendations

6. Leadership and management in the researcher community
   - Description of
     - the execution and processes of leadership in the RC
     - how the management-related responsibilities and roles are distributed in the RC
     - how the leadership- and management-related processes support
       - high quality research
       - collaboration between principal investigators and other researchers in the RC
       - the RC’s research focus
     - strengthening of the RC’s know-how
   - Identification of the RC’s strengths and challenges related to leadership and management, and the actions planned for developing the processes

7. External competitive funding of the RC
   - The RCs were asked to provide information of such external competitive funding, where:
     - the funding decisions have been made during 1.1.2005-31.12.2010, and
     - the administrator of the funding is/has been the University of Helsinki
   - On the e-form the RCs were asked to provide:
     1) The relevant funding source(s) from a given list (Academy of Finland/Research Council, TEKES/The Finnish Funding Agency for Technology and Innovation, EU, ERC, foundations, other national funding organisations, other international funding organisations), and
     2) The total sum of funding which the organisation in question had decided to allocate to the RCs members during 1.1.2005–31.12.2010.

Competitive funding reported in the text is also to be considered when evaluating this point.
A written feedback from the aspects of: scientific quality, scientific significance, societal impact, innovativeness, future significance
   - Strengths
   - Areas of development
   - Other remarks
   - Recommendations

8. The RC’s strategic action plan for 2011–2013
   - RC’s description of their future perspectives in relation to research and doctoral training.

A written feedback from the aspects of: scientific quality, scientific significance, societal impact, processes and good practices related to leadership and management, national and international collaboration, innovativeness, future significance
   - Strengths
   - Areas of development
9. Evaluation of the category of the RC in the context of entity of the evaluation material (1-8)

The RC’s fitness to the chosen participation category
A written feedback evaluating the RC’s fitness to the chosen participation category
- Strengths
- Areas of development
- Other remarks
- Recommendations

Numeric evaluation: OUTSTANDING (5), EXCELLENT (4), VERY GOOD (3), GOOD (2), SUFFICIENT (1)

10. Short description of how the RC members contributed the compilation of the stage 2 material
Comments on the compilation of evaluation material

11. How the UH’s focus areas are presented in the RC’s research?
Comments if applicable

12. RC-specific main recommendations based on the previous questions 1-11

13. RC-specific conclusions

1.7 Evaluation criteria

The panellists were expected to give evaluative and analytical feedback to each evaluation question according to their aspects in order to describe and justify the quality of the submitted material. In addition, the evaluation feedback was asked to be pointed out the level of the performance according to the following classifications:
- outstanding (5)
- excellent (4)
- very good (3)
- good (2)
- sufficient (1)

Evaluation according to the criteria was to be made with thorough consideration of the entire evaluation material of the RC in question. Finally, in questions 1-4 and 9, the panellists were expected to classify their written feedback into one of the provided levels (the levels included respective descriptions, ‘criteria’). Some panels used decimals in marks. The descriptive level was interpreted according to the integers and not rounding up the decimals by the editors.

Description of criteria levels

Question 1 – FOCUS AND QUALITY OF THE RC’S RESEARCH

Classification: Criteria (level of procedures and results)

Outstanding quality of procedures and results (5)

Outstandingly strong research, also from international perspective. Attracts great international interest with a wide impact, including publications in leading journals and/or monographs published by leading international publishing houses. The research has world leading qualities. The research focus, key research questions scientific significance, societal impact and innovativeness are of outstanding quality.

In cases where the research is of a national character and, in the judgement of the evaluators, should remain so, the concepts of “international attention” or “international impact” etc. in the grading criteria above may be replaced by “international comparability”.
Operations and procedures are of outstanding quality, transparent and shared in the community. The improvement of research and other efforts are documented and operations and practices are in alignment with the documentation. The ambition to develop the community together is of outstanding quality.

**Excellent quality of procedures and results (4)**

Research of excellent quality. Typically published with great impact, also internationally. Without doubt, the research has a leading position in its field in Finland.

Operations and procedures are of excellent quality, transparent and shared in the community. The improvement of research and other efforts are documented and operations and practices are to large extent in alignment with the documentation. The ambition to develop the community together is of excellent quality.

**Very good quality of procedures and results (3)**

The research is of such very good quality that it attracts wide national and international attention.

Operations and procedures are of very good quality, transparent and shared in the community. The improvement of research and other efforts are documented and operations and practices are to large extent in alignment with the documentation. The ambition to develop the community together is of very good quality.

**Good quality of procedures and results (2)**

Good research attracting mainly national attention but possessing international potential, extraordinarily high relevance may motivate good research.

Operations and procedures are of good quality, shared occasionally in the community. The improvement of research and other efforts are occasionally documented and operations and practices are to large extent in alignment with the documentation. The ambition to develop the community together is of good quality.

**Sufficient quality of procedures and results (1)**

In some cases the research is insufficient and reports do not gain wide circulation or do not have national or international attention. Research activities should be revised.

Operations and procedures are of sufficient quality, shared occasionally in the community. The improvement of research and other efforts are occasionally documented and operations and practices are to some extent in alignment with the documentation. The ambition to develop the community together is of sufficient quality.

**Question 2 – DOCTORAL TRAINING**

**Question 3 – SOCIETAL IMPACT**

**Question 4 – COLLABORATION**

**Classification: Criteria (level of procedures and results)**

**Outstanding quality of procedures and results (5)**

Procedures are of outstanding quality, transparent and shared in the community. The practices and quality of doctoral training/societal impact/international and national collaboration/leadership and management are documented and operations and practices are in alignment with the documentation. The ambition to develop the community together is of outstanding quality. The procedures and results are regularly evaluated and the feedback has an effect on the planning.

**Excellent quality of procedures and results (4)**

Procedures are of excellent quality, transparent and shared in the community. The practices and quality of doctoral training/societal impact/international and national collaboration/leadership and management are documented and operations and practices are to large extent in alignment with the documentation. The ambition to develop the community together is of excellent quality. The procedures and outcomes are evaluated and the feedback has an effect on the planning.

**Very good quality of procedures and results (3)**

Procedures are of very good quality, transparent and shared in the community. The practices and quality of doctoral training/societal impact/international and national collaboration/leadership and
management are documented and operations and practices are to large extent in alignment with the documentation. The ambition to develop the community together is of very good quality.

**Good quality of procedures and results (2)**

Procedures are of good quality, shared occasionally in the community. The practices and quality of doctoral training/societal impact/international and national collaboration/leadership and management are documented and operations and practices are to large extent in alignment with the documentation. The ambition to develop the community together is of very good quality.

**Sufficient quality of procedures and results (1)**

Procedures are of sufficient quality, transparent and shared in the community. The practices and quality of doctoral training/societal impact/international and national collaboration/leadership and management are occasionally documented and operations and practices are to some extent in alignment with the documentation. The ambition to develop the community together is of sufficient quality.

**Question 9 – CATEGORY**

Participation category – fitness for the category chosen

The choice and justification for the chosen category below should be reflected in the RC's responses to the evaluation questions 1–8.

1. *The research of the participating community represents the international cutting edge in its field.*

2. *The research of the participating community is of high quality, but the community in its present composition has yet to achieve strong international recognition or a clear break-through.*

3. *The research of the participating community is distinct from mainstream research, and the special features of the research tradition in the field must be considered in the evaluation.* The research is of high quality and has great significance and impact in its field. However, the generally used research evaluation methods do not necessarily shed sufficient light on the merits of the research.

4. *The research of the participating community represents an innovative opening.* A new opening can be an innovative combination of research fields, or it can be proven to have a special social, national or international demand or other significance. Even if the researcher community in its present composition has yet to obtain proof of international success, its members can produce convincing evidence of the high level of their previous research.

5. *The research of the participating community has a highly significant societal impact.* The participating researcher community is able to justify the high social significance of its research. The research may relate to national legislation, media visibility or participation in social debate, or other activities promoting social development and human welfare. In addition to having societal impact, the research must be of a high standard.

**An example of outstanding fitness for category choice (5)**

The RC's representation and argumentation for the chosen category were convincing. The RC recognized its real capacity and apparent outcomes in a wider context to the research communities. The specific character of the RC was well-recognized and well stated in the responses. The RC fitted optimally for the category.

- **Outstanding** (5)
- **Excellent** (4)
- **Very good** (3)
- **Good** (2)
- **Sufficient** (1)

The above-mentioned definition of outstanding was only an example in order to assist the panellists in the positioning of the classification. There was no exact definition for the category fitness.

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5 The panels discussed the category fitness and made the final conclusions of the interpretation of it.
1.8 Timetable of the evaluation

The main timetable of the evaluation:

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<tr>
<td>1.</td>
<td>Registration</td>
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<td>3.</td>
<td>External peer review</td>
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<td>4.</td>
<td>Published reports</td>
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<td>- University level public report</td>
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<td>- RC specific reports</td>
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The entire evaluation was implemented during the university’s strategy period 2010–2012. The preliminary results were available for the planning of the following strategy period in late autumn 2011. The evaluation reports will be published in March/April 2012. More detailed time schedule is published in the University report.

1.9 Evaluation feedback – consensus of the entire panel

The panellists evaluated all the RC-specific material before the meetings in Helsinki and mailed the draft reports to the evaluation office. The latest interim versions were on-line available to all the panellists on the Wiki-sites. In September 2011, in Helsinki the panels discussed the material, revised the first draft reports and decided the final numeric evaluation. After the meetings in Helsinki, the panels continued working and finalised the reports before the end of November 2011. The final RC-specific reports are the consensus of the entire panel.

The evaluation reports were written by the panels independently. During the editing process, the evaluation office requested some clarifications from the panels when necessary. The tone and style in the reports were not harmonized in the editing process. All the reports follow the original texts written by the panels as far as it was possible.

The original evaluation material of the RCs, provided for the panellists is attached at the end of the report. It is essential to notice that the exported lists of publications and other scientific activities depend how the data was stored in the TUHAT-RIS by the RCs.
2 Evaluation feedback

2.1 Focus and quality of the RC’s research

- Description of
  - the RC’s research focus
  - the quality of the RC’s research (incl. key research questions and results)
  - the scientific significance of the RC’s research in the research field(s)
- Identification of the ways to strengthen the focus and improve the quality of the RC’s research

ASPECTS: Scientific quality, scientific significance, societal impact, innovativeness

The research community of the Diabetes Epidemiology (DECODE) is presented as a relatively newly formed RC established in 2005. Several members of the RC are also evaluated in the context of another RC (PURE), and the distinction between the two is not entirely clear. Both mention the large and well-known DECODA study in their submitted material. However, they are evaluated in different categories.

This RC has published 70 peer-reviewed papers and supervised six PhD theses. They have started to coordinate research in a new area related to intervention of diabetes in low and middle income societies. This research is now started with the RC working as the coordinator of this D-star project.

This RC is based on experience in working in very strong RC in its field (PURE). The material evaluated here describes their new opening towards research targeted towards preventing diabetes with life style interventions in developing nations as well as their plans to study obesity, metabolic disease and cancer. The research topics of this RC are very relevant to society and public health.

This type of research often follows rather traditional tracks and is maybe not best characterized with the word innovative. However, the societal/economic impact of the new research is likely to be high. In addition, this RC represents an important aspect of international doctoral training involving developing countries.

**Numeric evaluation: 3 (Very good)**

2.2 Practises and quality of doctoral training

- Organising of the doctoral training in the RC. Description of the RC’s principles for:
  - recruitment and selection of doctoral candidates
  - supervision of doctoral candidates
  - collaboration with faculties, departments/institutes, and potential graduate schools/docoral programmes
  - good practises and quality assurance in doctoral training
  - assuring of good career perspectives for the doctoral candidates/fresh doctorates
- Identification of the RC’s strengths and challenges related to the practises and quality of doctoral training, and the actions planned for their development.
- Additional material: TUHAT compilation of the RC’s other scientific activities/supervision of doctoral dissertations

ASPECTS: Processes and good practices related to leadership and management

There are good and concrete plans for recruiting students. Expertise from different backgrounds is needed, and students with the suitable basic training are recruited by advertising positions. Doctoral students are also recruited from the students conducting field-work and based on recommendation for the other RC partners.

There is a good plan in place regarding student supervision, and the importance of peer-mentoring is emphasized. In addition, the supervision by the PIs is described and appears appropriate.
Thus far the graduated students have been successful in finding employment. A unique aspect of the doctoral training by this RC is the recruitment of students from collaborators from developing countries. This helps them to publish in international peer-reviewed journals and facilitates the improvement of scientific work in their home countries. In addition, Finnish students have the opportunity for field work in the developing countries. The panel had some doubts about how well this will function in practice and how beneficial it will be to the partners so special attention should be given to ensure the functionality of this suggested program.

Numeric evaluation: 5 (Outstanding)

2.3 The societal impact of research and doctoral training

- Description on how the RC interacts with and contributes to the society (collaboration with public, private and/or 3rd sector).
- Identification of the ways to strengthen the societal impact of the RC’s research and doctoral training.
- Additional material: TUHAT compilation of the RC’s other scientific activities.

ASPECTS: Societal impact, national and international collaboration, innovativeness

Epidemiology related to increasingly prevalent chronic diseases like T2D is very relevant to the society as a whole. Community-based intervention studies are rare, and they can be difficult to implement. In their new project D-Star, the RC is employing its previous experience and expertise from the DECODA project and other related research to launching such an intervention study in middle and low-income societies.

The societal impact of this work is expected to be two-fold. Such research may provide policy makers with important that may help prevent diabetes in the society. In addition, the RC provides doctoral training for students from developing nations.

Numeric evaluation: 4 (Excellent)

2.4 International and national (incl. intersectoral) research collaboration and researcher mobility

- Description of
  - the RC’s research collaborations and joint doctoral training activities
  - how the RC has promoted researcher mobility
- Identification of the RC’s strengths and challenges related to research collaboration and researcher mobility, and the actions planned for their development.

ASPECTS: Scientific quality, national and international collaboration

The members of this RC have been very active internationally. They have been involved in many large international networks. At present, they are actively setting up new international collaborations with developing world countries.

Both nationally and internationally they have been collaborating in top scientific projects, and their expertise in their internationally well-known DECODA study is appreciated worldwide.

Numeric evaluation: 4 (Excellent)

2.5 Operational conditions

- Description of the operational conditions in the RC’s research environment (e.g. research infrastructure, balance between research and teaching duties).
- Identification of the RC’s strengths and challenges related to operational conditions, and the actions planned for their development.
The researchers have a good balance between teaching responsibilities and research. They feel that their current position allows for sufficient time to concentrate on research.

The infrastructure and the research services provided by UH are good. At present, the RC has no funding or resources from the university which would secure their commitment to the host institution.

2.6 Leadership and management in the researcher community

- **Description of**
  - the execution and processes of leadership in the RC
  - how the management-related responsibilities and roles are distributed in the RC
  - how the leadership- and management-related processes support
    - high quality research
    - collaboration between principal investigators and other researchers in the RC
    - the RC’s research focus
    - strengthening of the RC’s know-how
  - **Identification of the RC’s strengths and challenges related to leadership and management, and the actions planned for developing the processes**

As a small RC the organization is very slim. The researchers are directly in daily contact with the coordinator and information flow is easy.

2.7 External competitive funding of the RC

- **The RCs were asked to provide information of such external competitive funding, where:**
  - the funding decisions have been made during 1.1.2005–31.12.2010, and
  - the administrator of the funding is/has been the University of Helsinki
- **On the e-form the RCs were asked to provide:**
  1. The relevant funding source(s) from a given list (Academy of Finland/Research Council, TEKES/The Finnish Funding Agency for Technology and Innovation, EU, ERC, foundations, other national funding organisations, other international funding organizations), and
  2. The total sum of funding which the organisation in question had decided to allocate to the RCs members during 1.1.2005–31.12.2010.

Competitive funding reported in the text is also to be considered when evaluating this point.

The funding level is good. The main funding comes from the Academy of Finland and a large grant from world diabetes foundation. Important funding is also secured from international sources, disease associations and also from the private sector. Other international sources like D-start.

As mentioned by the RC, it is important to continue to apply for external funding from different sources to secure future research.

2.8 The RC’s strategic action plan for 2011–2013

- **RC’s description of their future perspectives in relation to research and doctoral training.**

ASPECTS: **Scientific quality, scientific significance, societal impact, innovativeness and future significance**
The main focus will continue to be translational research. The aim is to work on projects which evaluate different aspects of community-based lifestyle intervention programs.

In addition, the other aims include investigation of the link between ethnic background in the occurrence of type 2 diabetes and the role of genetic and other factors in the occurrence of obesity.

These and other topics will be investigated by several doctoral students in their thesis projects in the coming years.

The list looks rather broad and while all the topics are related it is important to maintain sufficient focus on a selected set of topics. This would prevent the dilution of resources and facilitates top level science.

2.9 Evaluation of the category of the RC in the context of entity of the evaluation material (1-8)

*The RC’s fitness to the chosen participation category.*

**Category 4. The research of the participating community represents an innovative opening.**

This RC is moving into a relative poorly studied area of scientifically evaluating the success of community-based intervention programs. This justifies very well the indicated category 4 for this RC. This relatively young RC is now heavily involved in a newly launched project related to this topic and had recruited international partners for it.

The present research environment is good, and the resources are sufficient.

The research training benefiting both Finnish students and doctoral students in developing countries is ongoing and will most likely be mutually beneficial.

The RC describes a rather long list of different research topics for the future, and it is important for them to maintain focus on their key areas of expertise also in the future.

**Numeric evaluation: 3 (Very good)**

2.10 Short description of how the RC members contributed the compilation of the stage 2 material

2.11 How the UH’s focus areas are presented in the RC’s research

*Focus area 6: Clinical research*

2.12 RC-specific main recommendations

The University of Helsinki should consider how they could learn from the unique doctoral training experiences of this RC. Such information should be useful for the development of doctoral training in several other areas of research too.
2.13 RC-specific conclusions

This is a RC which is making important epidemiological studies related to public health in Finland and in developing countries. As the cost of health-care is a constantly increasing problem, management and possibly prevention of life-style related disease are important.

The willingness to contribute to doctoral training of students from developing countries is commended.

2.14 Preliminary findings in the University-level evaluation

This RC is redirecting themselves from the existing group towards the investigation of type 2 diabetes and the possibility of using community level intervention as a treatment strategy. This is a new opening and thus fits very well in category 4.

The RC has a good track record in doctoral training and students graduated from this group have been able to find employment with ease. This commended on. The panel recommends a more structured recruitment of students by using advertising and aiming at non-biased hiring of the best rather than merely relying on the recommendations of RC collaborators.

The topic touched upon the RC is very timely and of high societal impact. Diseases associated with obesity and western life style are an increasing problem. The RC will also have an important societal impact via training students from developing countries.

There is good national and international collaboration.

This is a starting RC and some of the members are part of an older more established RC. It is not entirely clear to the panel how the division between the two will be made. The development of the leadership in this RC is an important aspect to focus on in the future to ensure success.

The RC is involved in EU-funded international consortia and has been so for already several years. This is important and is also the foundation of the future work. The infrastructure and the research service provided by UH are good. At present, the RC has no funding or resources from the university which would secure their commitment to the host institution.

The future plan was very diverse and contained some new aspects which seemed somewhat distant from the expertise of the group. The panel recommends focusing on key areas of competence.
3 Appendices

A. Original evaluation material
   a. Registration material – Stage 1
   b. Answers to evaluation questions – Stage 2
   c. List of publications
   d. List of other scientific activities

B. Bibliometric analyses
   a. Analysis provided by CWTS/University of Leiden
   b. Analysis provided by Helsinki University Library (66 RCs)
International evaluation of research and doctoral training at the University of Helsinki 2005-2010

RC-SPECIFIC MATERIAL FOR THE PEER REVIEW

NAME OF THE RESEARCHER COMMUNITY:
The Diabetes Epidemiology: Collaborative analysis of Diagnostic criteria in Europe (the DECODE) and in Asia (the DECODA) (DECODE/DECODA)

LEADER OF THE RESEARCHER COMMUNITY:
Docent Qing Qiao, Department of Public Health, Hjelt Institute

RC-SPECIFIC MATERIAL FOR THE PEER REVIEW:

- Material submitted by the RC at stages 1 and 2 of the evaluation
  - STAGE 1 material: RC’s registration form (incl. list of RC participants in an excel table)
  - STAGE 2 material: RC’s answers to evaluation questions
- TUHAT compilations of the RC members’ other scientific activities 1.1.2005-31.12.2010
- Web of Science(WoS)-based bibliometrics of the RC’s publications data 1.1.2005-31.12.2010 (analysis carried out by CWTS, Leiden University)

NB! Since Web of Science(WoS)-based bibliometrics does not provide representative results for most RCs representing humanities, social sciences and computer sciences, the publications of these RCs will be analyzed by the UH Library (results available by the end of June, 2011)
INTERNATIONAL EVALUATION OF RESEARCH AND DOCTORAL TRAINING AT THE UNIVERSITY OF HELSINKI

RC-SPECIFIC STAGE 1 MATERIAL (registration form)

1 RESPONSIBLE PERSON

Name: Qiao, Qing
E-mail: 
Phone: 0504151578
Affiliation: Department of Public Health, Hjelt Institute, UH
Street address: Mannerheimintie 172, PL41

2 DESCRIPTION OF THE PARTICIPATING RESEARCHER COMMUNITY (RC)

Name of the participating RC (max. 30 characters): DECODE/DECODA
Acronym for the participating RC (max. 10 characters): DECODE/DECODA

Description of the operational basis in 2005-2010 (eg. research collaboration, joint doctoral training activities) on which the RC was formed (MAX. 2200 characters with spaces):
The Diabetes Epidemiology: Collaborative analysis Of Diagnostic criteria in Europe (the DECODE) and in Asia (the DECODA) studies are two largest epidemiological studies on hyperglycemia and other metabolic disorders in the world, comprising more than 60 cohorts of mainly population-based from 24 countries in Europe and Asia, with about 84000 Europeans and 84207 Asians of Chinese, Japanese, Indians, Mongolians and Philippines currently included in the collaboration. 2-hour 75g oral glucose tolerance test is available for all participants together with many other laboratory and anthropometric measures. Therefore, the databases are extremely valuable for studying diabetes and metabolic disorders.

With the primary objectives to evaluate the impacts of the changes in diagnostic criteria for diabetes in 1997 the two studies have already had a major impact on the current understanding of the importance of fasting and post-challenge glucose in public health and clinical research and practice. Our results have unequivocally shown that non-diabetic glucose levels such as the category of impaired glucose tolerance is an independent risk factor for CVD morbidity and mortality and the increased risk cannot be explained by the development of diabetes during the follow-up. The DECODE study had forced the WHO Consultation Group to revise their recommendations on the diagnostic criteria and resulted in a call for a new ADA Expert Committee on Classification and Diagnostic Criteria for Diabetes in 2001 with the updated report in 2003. The importance of post-load hyperglycaemia pointed by the DECODE study was addressed by the new ADA Expert Committee. We have also served the international organizations such as the WHO and the IDF by providing data and expertise for making definitions for diabetes, obesity and metabolic syndrome.

Recently, we have expanded our research to obesity, metabolic syndrome and cancer. In addition, we have started pioneering research projects on primary intervention of diabetes in real life setting in low- and middle-income countries.

All these have created an international research environment for doctoral training and teaching.
INTERNATIONAL EVALUATION OF RESEARCH AND DOCTORAL TRAINING AT THE UNIVERSITY OF HELSINKI

RC-SPECIFIC STAGE 1 MATERIAL (registration form)

3 SCIENTIFIC FIELDS OF THE RC

Main scientific field of the RC’s research: medicine, biomedicine and health sciences

RC’s scientific subfield 1: Public, Environmental and Occupational Health

RC’s scientific subfield 2: Endocrinology and Metabolism

RC’s scientific subfield 3: --Select--

RC’s scientific subfield 4: --Select--

Other, if not in the list: Epidemiology

4 RC’S PARTICIPATION CATEGORY

Participation category: 4. Research of the participating community represents an innovative opening

Justification for the selected participation category (MAX. 2200 characters with spaces): We have initiated several pioneering research on primary prevention of diabetes in low-and middle-income countries, to examine whether through lifestyle changes such as reduction in weight and increment in physical activities can prevent diabetes in real life setting, and whether this is cost-effectiveness. The results from these studies are badly wanted by policy makers and stakeholders to invest for intervention. Community-based intervention studies are rare because it is difficult to implement. How to successfully implement an intervention project in a community is a big challenge we are facing. In addition, our team is young, which was formed in 2005. We have a small but productive team as shown by our publications and doctoral theses finished within the last 5 years.

5 DESCRIPTION OF THE RC’S RESEARCH AND DOCTORAL TRAINING

Public description of the RC’s research and doctoral training (MAX. 2200 characters with spaces): The Diabetes Epidemiology: Collaborative analysis Of Diagnostic criteria in Europe (the DECODE) and in Asia (the DECODA) studies are two largest epidemiological studies on hyperglycemia and other metabolic disorders in the world, comprising more than 60 cohorts of mainly population-based from 24 countries in Europe and Asia, with about 84000 Europeans and 84207 Asians of Chinese, Japanese, Indians, Mongolians and Philippines currently included in the collaboration. 2-hour 75g oral glucose tolerance test is available for all participants together with many other laboratory and anthropometric measures. Therefore, the databases are extremely valuable for studying diabetes and metabolic disorders.

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new ADA Expert Committee. We have also served the international organizations such as the WHO and the IDF by providing data and expertise for making definitions for diabetes, obesity and metabolic syndrome. Recently, we have expanded our research to obesity, metabolic syndrome and cancer. In addition, we have started pioneering research projects on primary intervention of diabetes in real life setting in low- and middle-income countries.

All these have created an international research environment for doctoral training and teaching.

Significance of the RC’s research and doctoral training for the University of Helsinki (MAX. 2200 characters with spaces):
The results of our studies have been appreciated and recognized internationally. We have been invited to present our results in international conferences, and attended the WHO expert consultation meetings on behalf of the University of Helsinki. The slides I made 10 years ago for the DECODE/DECODA studies are still in use and presented as approved standard by other researchers in today’s international conferences. The DECODE/DECODA has become a well know study name worldwide, and it is made in the University of Helsinki in Finland.

The newly initiated intervention studies in the developing countries have also raised the recognition of the University of Helsinki. More importantly, the foreign scholars from developing countries have attracted funding from international funding sources that specially targets at developing countries.

The international students in the team will help to increase the recognition of the University of Helsinki. Their works have been marked with the label of the University of Helsinki.

Keywords: International collaboration, diabetes, cardiovascular diseases, obesity, cancer, metabolic disorders, primary intervention of diabetes

Justified estimate of the quality of the RC’s research and doctoral training at national and international level during 2005-2010 (MAX. 2200 characters with spaces): Since the establishment of the team in 2006, 6 doctoral these have been completed, all are articles based. One post-doctorial researcher has finished one year training. We have published about 70 original research articles or reviews or book chapters in international peer-reviewed journals during the period. One of the recent publication in the Diabetologia was selected as Editor’s choice. The achievement is high both nationally and internationally.

Comments on how the RC’s scientific productivity and doctoral training should be evaluated (MAX. 2200 characters with spaces): We have published our study results in international peer-reviewed journals.
### LIST OF RC MEMBERS

**NAME OF THE RESEARCHER COMMUNITY:** The DECODE and DECODA Study group  
**RC-LEADER:** Q. Qiao  
**CATEGORY:** 4

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<tr>
<th>Last name</th>
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<th>PI-status (TUHAT, 29.11.2010)</th>
<th>Title of research and teaching personnel</th>
<th>Affiliation</th>
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<td>Qing</td>
<td>x</td>
<td>research director</td>
<td>Department of Public Health, Hjelt Institute</td>
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INTERNATIONAL EVALUATION OF RESEARCH AND DOCTORAL TRAINING AT THE UNIVERSITY OF HELSINKI

RC-SPECIFIC STAGE 2 MATERIAL

Name of the RC’s responsible person: Qiao, Qing

E-mail of the RC’s responsible person:

Name and acronym of the participating RC: DECODE/DECODA study group, DECODE/DECODA

The RC’s research represents the following key focus area of UH: 6. Kliininen tutkimus – Clinical research

Comments for selecting/not selecting the key focus area: Our research areas combine several disciplines including clinical medicine, public health, epidemiology and social science

1. FOCUS AND QUALITY OF RC’S RESEARCH (MAX. 8800 CHARACTERS WITH SPACES)

- Description of the RC’s research focus, the quality of the RC’s research (incl. key research questions and results) and the scientific significance of the RC’s research for the research field(s).

The RC’s research has been mainly focused on the following two aspects:

1. Epidemiological researches on diabetes, cardiovascular diseases, metabolic syndrome and cancers:

The RC has coordinated, organized and participated in several large international collaborations including the worldwide well recognized DECODE/DECODA studies, the largest epidemiological studies on hyperglycemia and other metabolic disorders in the world. The two studies comprise more than 60 cohorts of mainly population-based from 24 countries in Europe and Asia, with about 84,000 Europeans and 84,207 Asians of Chinese, Japanese, Indians, Mongolians and Philippines currently included in the collaboration. Laboratory measures including glucose, lipid and insulin, and anthropometric measures are available for each individual; and a large number of participants with clinical events such as cardiovascular events, cancer etc have been observed. Therefore, the databases are extremely valuable for studying diabetes, cardiovascular diseases, cancer and metabolic disorders.

With the primary objectives to evaluate the impacts of the changes in diagnostic criteria for diabetes in 1997 the two studies have already had a major impact on the current understanding of the importance of fasting and post-challenge glucose in public health and clinical research and practice. Our results have unequivocally shown that non-diabetic glucose levels such as the category of impaired glucose tolerance is an independent risk factor for CVD morbidity and mortality and the increased risk cannot be explained by the development of diabetes during the follow-up. The DECODE study had forced the WHO Consultation Group to revise their recommendations on the diagnostic criteria and resulted in a call for a new ADA Expert Committee on Classification and Diagnostic Criteria for Diabetes in 2001 with the updated report in 2003. The importance of post-load hyperglycaemia pointed by the DECODE study was addressed by the new ADA Expert Committee. We have also served the international organizations such as the WHO and the IDF by providing data and expertise for making definitions for diabetes, obesity and metabolic syndrome.

Recently, we have expanded our research to obesity, metabolic syndrome and cancer. The ethnic differences in obesity and metabolic syndrome have been investigated in details and a doctoral thesis based on the data has been completed in 2010. We have published many articles on obesity and metabolic syndrome and attended the WHO Consultation meetings on obesity, and metabolic syndrome. Currently we are studying the relationship between mortality of various causes and obesity. The relationship between cancer and diabetes has also been investigated, some preliminary results have been published in the Diabetologia and the article was chosen as Editor’s choice of the issue.
2. Primary prevention of type 2 diabetes

With the primary aim to translate the trail experience to communities, we have established pioneering research projects on primary intervention of diabetes in real life setting in low- and middle-income countries. These project will examine whether through lifestyle changes such as reduction in weight and increment in physical activities can prevent diabetes in real life setting, and whether this is cost-effectiveness. The results from these studies are badly wanted by policy makers and stakeholders to invest for intervention. Community-based intervention studies are rare because it is difficult to implement. How to successfully implement an intervention project in a community is a big challenge we are facing.

The first project initiated in 2005 sponsored by the World Diabetes Foundation (WDF05-108 and WDF07-308) are ongoing in China and will be finally evaluated in 2013.

A new project, the D-START project supported by the International Diabetes Federation (IDF), will be kicked off in March 2011. This is a new initiative introduced recently by the IDF. The idea is first to ask world-wide well recognized experts to apply for a coordinating site, and then ask researchers in the low- and middle-income countries to apply for implementation sites. This is a highly competitive grant; Doctor Qing Qiao’s study design has outranked others and been selected. As a result the University of Helsinki has become the first coordination site of the D-START project. The call for implementation sites based on doctor Qiao’s study design is open on 15th June, 2010, and two implementation sites, one in Pakistan and another in Vietnam, have been selected and a workshop to train researchers from the two implementation sites will be held in March 2011 in Brussels. Doctor Qiao from the University of Helsinki will lead the project from 2011-2014.

All these have created an international research environment and pioneering research projects for doctoral training and teaching in the RC. Our RC is young, small but productive. Since the establishment of the team in 2006, 6 doctorial these have been completed, all are articles based. One post-doctorial researcher has finished one year training with 6 articles published within one year. We have published about 70 original research articles or reviews or book chapters in international peer-reviewed journals during the period of 5 years. One of the recent publication in the Diabetologia was selected as Editor’s choice. The achievement is high both nationally and internationally.

- Ways to strengthen the focus and improve the quality of the RC’s research.
  1. The moral standard needs to be set high within the RC;
  2. To continue the international collaboration and encourage the young researchers in the RC to actively participate in the various research activities both in Finland and abroad;
  3. To inspire young researchers to develop their own ideas;
  4. To create a research environment that makes each of the RC members feel that they are not working alone, and they can get help from others;
  5. "Brain storm” meetings to develop new ideas;
  6. To establish a relative stable research positions for senior researchers in the RC in order to continue the established research activities.
INTERNATIONAL EVALUATION OF RESEARCH AND DOCTORAL TRAINING AT THE UNIVERSITY OF HELSINKI

RC-SPECIFIC STAGE 2 MATERIAL

2 PRACTICES AND QUALITY OF DOCTORAL TRAINING (max. 8800 characters with spaces)

- How is doctoral training organised in the RC? Description of the RC’s principles for recruitment and selection of doctoral candidates, supervision of doctoral candidates, collaboration with faculties, departments/institutes, and potential graduate schools/doctoral programmes, good practises and quality assurance in doctoral training, and assuring good career perspectives for the doctoral candidates/fresh doctorates.

- recruitment and selection of doctoral candidates.
  1. According to research need to recruit doctoral candidate with different educational background by advertising; Our RC includes medical doctors, a public health scientist and a health economist.
  2. Recruiting from young doctors or researchers who have already participated in the field works of certain research projects that were established by the RC, and who have shown their potential as a good researchers;
  3. Recommended by research partners of the RC.

- supervision of doctoral candidates.
  1. The supervisor helps a new comer to make a study proposal and time table in details whenever a new comer starts to join the team; the progress of the proposed work will be checked and monitored individually;
  2. The supervisor answer student’s questions and correct a new manuscript as soon as possible;
  3. Some kind of group meeting to solve the problem that is common to most of the student;
  4. To build up a trust relationship between the supervisor and her student, and solve the student’s problem individually;
  5. To ask the senior student to help with the juniors; peer-education is an important part of the teaching process within the RC;
  6. A peer-review of a new manuscript is required before the manuscript is sent to the supervisor .

- collaboration with faculties, departments/institutes, and potential graduate schools/doctoral programmes.
  1. The RC members participated in the teaching for undergraduate organized by the faculty; attended seminars of the faculty and the institute.
  2. The doctoral student join the activities organized by the DPPH.
  3. The team has wide collaboration with other researchers in Hjelt Institute and in the National Institute for Public Health and Welfare. This includes joint publications and joint research projects.

- good practises and quality assurance in doctoral training.
  1. The research results should benefit human’s health;
  2. The moral standard needs to be set high within the RC;
  3. To complete the pre-set goals on time is a rule to measure a success;
  4. Research articles should be published in international peer-reviewed journals;
  5. A doctoral thesis will be approved by both pre-examinators and a opponent;
  6. The graduates (with Ph.D degree) of the RC have been welcomed by others who are the employers of the graduates.
INTERNATIONAL EVALUATION OF RESEARCH AND DOCTORAL TRAINING AT THE UNIVERSITY OF HELSINKI

RC-SPECIFIC STAGE 2 MATERIAL

- assuring good career perspectives for the doctoral candidates/fresh doctorates.
1. So far, the graduates (with Ph.D degree) from the RC can easily find a job in other universities, hospitals or research institutes, and the feedbacks from their employers are very positive;
2. Within the University of Helsinki, it is, however, hardly to find a stable position for young graduates and for a senior researcher.

- RC’s strengths and challenges related to the practises and quality of doctoral training, and the actions planned for their development.

Strengths of the RC:
1. Pioneering research projects established;
2. High moral standard for research;
3. High quality publications;
4. Wide international collaborations and recognition;
5. Hard work and productive.

Challenges:
1. To develop new idea and projects;
2. To find chance to expand the projects and build up collaborations;
3. To find a stable position for the RC’s senior members;

Action Plan:
1. To discuss with partners to develop new collaborative projects;
2. To recruit doctoral candidate from the research partners and the candidates will go back after the study------to build a bridge.
3. To actively participate in various teaching and research activities organized by the University of Helsinki. To incorporate the RC into the University’s large research societies.

SOCIETAL IMPACT OF RESEARCH AND DOCTORAL TRAINING (MAX. 4400 CHARACTERS WITH SPACES)

- Description of how the RC interacts with and contributes to the society (collaboration with public, private and/or 3rd sector).

Diabetes, cardiovascular diseases (CVD), obesity and other metabolic disorders increased fast worldwide. Changes in lifestyles have been shown to be able to prevent diabetes and CVD. But currently there is no a study has been made in a real life setting. To translate the available knowledge to communities who need it and who might benefit from the intervention project is important, but how to implement a translational study in communities remains a public health challenge. The projects currently carried out by the RC may change the public health practice in communities, and improve health of the community in the future. The results of the projects may convince the policy makers and health stakeholders to invest on prevention of lifestyle-related metabolic disorders.

- Ways to strengthen the societal impact of the RC’s research and doctoral training.

The doctoral candidates in the RC have participated in the projects in both coordinating site in Helsinki and in implementation sites in low-and middle-income countries. They can apply what they have learnt in the RC and in the University to the field practice and identify, at the same time, the problems with the project implementation. For example a Diabetes Risk Score developed by a doctoral candidate in the RC is now widely applied in a large diabetes intervention program in China.
INTERNATIONAL EVALUATION OF RESEARCH AND DOCTORAL TRAINING AT THE UNIVERSITY OF HELSINKI

RC-SPECIFIC STAGE 2 MATERIAL

4 INTERNATIONAL AND NATIONAL (INCL. INTERSECTORAL) RESEARCH COLLABORATION AND RESEARCHER MOBILITY (MAX. 4400 CHARACTERS WITH SPACES)

- Description of the RC’s research collaborations and joint doctoral training activities and how the RC has promoted researcher mobility.
  A couple of doctoral candidates are from foreign partners of the RC. These candidates have attended research activities in both sides, coordination and implementation. They have contributed greatly to the success of the joint research programs between the University of Helsinki and research institutes in developing countries. The RC helps the researchers in the developing countries to publish their results in international peer-reviewed journals, and also build joint projects together.
  - how the RC has promoted researcher mobility.
    The young researchers who are working in a developing country may have an opportunity to study in the RC, and return back after study to continue to work for the joint project. The researchers in the RC will also visit the research institute in a developing country to obtain experience from the field works. The senior RC member gives lectures to the researchers in the partners’ institutes.

- RC’s strengths and challenges related to research collaboration and researcher mobility, and the actions planned for their development.
  Strengths:
    1. Long-term collaborative relationship with other universities or research institutes;
    2. Trained researchers working for both sides;
    3. Experience in coordination.
    4. To be honesty, esteemed and trusted by the partners.
  Challenges:
    1. To successfully implement a collaborative project in terms of quality and time line;
    2. Problem arisen during the implementation which cannot be foreseen;
    3. Not all young researchers are interested in the joint projects.
  Action Plan:
    1. To be flexible given that the principle is unchanged; to adapt the project design to the local conditions;
    2. To train the local researchers well before the joint project is started;
    3. To have a Skype meeting every week, and visit the sites regularly.

5 OPERATIONAL CONDITIONS (MAX. 4400 CHARACTERS WITH SPACES)

- Description of the operational conditions in the RC’s research environment (e.g. research infrastructure, balance between research and teaching duties).
  The research infrastructure and research service of the University of Helsinki is very good, but there is no stable position for a senior researcher. How to continue the good activities of a RC is a problem. The teaching duty is not heavy.
RC-SPECIFIC STAGE 2 MATERIAL

- RC's strengths and challenges related to operational conditions, and the actions planned for their development.

The RC is fully supported by grants from external funding sources, the only way to maintain the RC is continued searching for funding from outside sources. Basically the RC can be anywhere given the funding is secured.

- Description of the execution and processes of leadership in the RC, how the management-related responsibilities and roles are distributed in the RC and how the leadership- and management-related processes support high quality research, collaboration between principal investigators and other researchers in the RC, the RC's research focus and strengthening of the RC's know-how.

- the execution and processes of leadership in the RC.

For a small RC the leadership is simple. The RC leader has both authority and friendship with her team members. All instructions and information can be directly administrated to the RC members in a few minutes.

- how the management-related responsibilities and roles are distributed in the RC.

The RC leader take full responsibility for all research activities, and senior doctoral candidates are asked by the RC leader to take care of the juniors. All RC members treat the RC’s tasks as their own. Peer-education is an important part of the teaching process in the RC. The RC members usually help with each other regarding research, study and life.

- how the leadership- and management-related processes support:
  - high quality research

For the international collaboration we need to discuss research questions with other collaborators and we receive good suggestions and comments to improve our researches and manuscripts. We also discuss problems with experts in our Department, and sometimes invite researchers from other RCs to join a writing group.

  - collaboration between principal investigators and other researchers in the RC

The principal investigator is responsible for forming ideas and research proposals, giving instructions and supervisions of the thesis works, searching for funding and managing the team. Some of these works have been shared by senior researchers in the RC. Peer-education is an important part of the research training in the RC.

- the RC’s research focus

Each doctoral candidate has his/her own research topic which is part of the research focus of the RC. Therefore, all others’ works are relevant to your own research interest and to the RC’s research focus. All RC members must be working together. The newcomers continue the works of their predecessors. From the works of the doctoral candidates the RC leader get new idea and new research project.

  - strengthening of the RC’s know-how

With a long-term experience in coordinating international collaboration, the RC is recognized for its excellent communication skills, data management, data analysis and productive publications.
The RC has a long-term collaboration with developing countries including training researchers, helping with setting joint research projects and implementation of the projects, data collection and management, and publications. A set of educational and research toolkits have been developed such as research questionnaires, translation and validation of the 15D economic questionnaire from English to Chinese, Diabetes Risk Score etc. Most importantly the RC has established a good relationship with local health authorities and got supports from them to implement a prevention program.

- RC’s strengths and challenges related to leadership and management, and the actions planned for developing the processes.

**Strengths:**
young, creative, active, collaborative, productive and hard-work.

**Challenges:**
How to maintain the RC, particularly to keep some of the senior researchers in the RC? This is essential for future development of the RC.

**Actions:**
To expand the collaboration with other RCs in the University or internationally.

### 7 External Competitive Funding of the RC

- **Listing of the RCs external competitive funding, where:**
  - the funding decisions have been made during 1.1.2005-31.12.2010, and
  - the administrator of the funding is/has been the University of Helsinki

- **Academy of Finland (AF)** - total amount of funding (in euros) AF has decided to allocate to the RC members during 1.1.2005-31.12.2010: **235000**

- **Finnish Funding Agency for Technology and Innovation (TEKES)** - total amount of funding (in euros) TEKES has decided to allocate to the RC members during 1.1.2005-31.12.2010:

- **European Union (EU)** - total amount of funding (in euros) EU has decided to allocate to the RC members during 1.1.2005-31.12.2010:

- **European Research Council (ERC)** - total amount of funding (in euros) ERC has decided to allocate to the RC members during 1.1.2005-31.12.2010:

- **International and national foundations** – names of international and national foundations which have decided to allocate funding to the RC members during 1.1.2005-31.12.2010, and the amount of their funding (in euros).
  - names of the foundations: World Diabetes Foundation
  - total amount of funding (in euros) from the above-mentioned foundations: **1035497**

- **Other international funding** - names of other international funding organizations which have decided to allocate funding to the RC members during 1.1.2005-31.12.2010, and the amount of their funding (in euros).
  - names of the funding organizations: Astrazeneca AB, EFSD, Novo Nordisk, D-START
  - total amount of funding (in euros) from the above-mentioned funding organizations: **303351**
INTERNATIONAL EVALUATION OF RESEARCH AND DOCTORAL TRAINING AT THE UNIVERSITY OF HELSINKI

RC-SPECIFIC STAGE 2 MATERIAL

- Other national funding (incl. EVO funding and Ministry of Education and Culture funded doctoral programme positions) - names of other national funding organizations which have decided to allocate funding to the RC members during 1.1.2005-31.12.2010, and the amount of their funding (in euros).
  - names of the funding organizations: DPPH and CIMO
  - total amount of funding (in euros) from the above-mentioned funding organizations: 39248

8 RC’S STRATEGIC ACTION PLAN FOR 2011–2013 (MAX. 4400 CHARACTERS WITH SPACES)

- Description of the RC’s future perspectives in respect to research and doctoral training.

The near future research in the RC will focus on:

1. Translational research: To evaluate the effectiveness, cost-effectiveness, and the feasibility and the acceptability of the large-scale community-based lifestyle intervention programs for prevention of type 2 diabetes in low-and middle-income countries, using randomized controlled trial design. These include two already funded project the Qingdao Diabetes Prevention Program (WDF05-108 and WDF07-308) and the D-START project.

2. To study the ethnic differences in occurrence of type 2 diabetes, cardiovascular diseases (CVD) and metabolic syndrome in relation to culture, food and drinking habits, smoking, physical activity, obesity and working and living environments and stresses based on the large epidemiological data sets collected in the DECODE/DECODA collaboration in Europe and Asia.

3. To investigate interactions between genetic factors (e.g., personality characteristics) and the social environment (e.g., parental and peers influences, stressful life events) and lifestyle (e.g., physical activity, food habits, smoking and drinking) in the prediction of adolescent obesity and metabolic disorders in Chinese and Finnish adolescents; and to assess mediated pathways by which heritable factors influence adolescents’ selection of social environments, thereby influencing their exposure to social-environmental risk factors for obesity and metabolic disorders, making adolescents more susceptible or resilient to health consequences under two different ethnical and culture contexts, based on the Chinese-Finnish Adolescents Twin Cohort Study. This is funded by a EFSD fellowship.

4. To study the relationship of type 2 diabetes and elevated blood glucose levels with occurrence of fatal and non-fatal cancer events of various sites based on both epidemiology and clinical studies.

5. To develop various CVD or diabetes risk prediction tools which is layperson-oriented, and to evaluate and apply these tools to the real life settings of different ethnicities.

6. To search for BMI or waist circumference change points according to mortality from CVD and various cancers in order to provide evidence to define obesity based on the BMI and waist circumference levels.

These topics will form several doctoral theses in three years.

9 SHORT DESCRIPTION OF HOW THE RC MEMBERS HAVE CONTRIBUTED TO THE COMPILATION OF THE STAGE 2 MATERIALS (MAX. 1100 CHARACTERS WITH SPACES).

The materials have been drafted by the PI. The RC members provided relevant materials whenever asked.
## 1 Analysis of publications

- Associated person is one of Qing Qiao, Jaakko Tuomilehto, Regzijem Nyamdorj, Haoming Nan, Weiguo Gao, Lei Zhang, Feng Ning.

<table>
<thead>
<tr>
<th>Publication type</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>Total Count 2005 - 2010</th>
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<tr>
<td>A1 Refereed journal article</td>
<td>63</td>
<td>56</td>
<td>69</td>
<td>75</td>
<td>65</td>
<td>69</td>
<td>397</td>
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<tr>
<td>A2 Review in scientific journal</td>
<td>2</td>
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<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>4</td>
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<tr>
<td>A3 Contribution to book/other compilations (refereed)</td>
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<td>5</td>
<td>2</td>
<td>6</td>
<td>3</td>
<td></td>
<td>23</td>
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<tr>
<td>A4 Article in conference publication (refereed)</td>
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<td></td>
<td>1</td>
<td></td>
<td></td>
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<td>1</td>
</tr>
<tr>
<td>B1 Unrefereed journal article</td>
<td>5</td>
<td>11</td>
<td>2</td>
<td>10</td>
<td>5</td>
<td>7</td>
<td>40</td>
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<tr>
<td>B2 Contribution to book/other compilations (non-refereed)</td>
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<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>C1 Published scientific monograph</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>C2 Edited book, compilation, conference proceeding or special issue of journal</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td>8</td>
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<tr>
<td>D2 Article in professional hand or guide book or in a professional data system, or text book material</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>
2 Listing of publications

A1 Refereed journal article

2005


Tuomilehto, J, Gao, W, Gao, Q, 2006, 'Assessing the preprandial glucose target: 100 mg/dL versus 110 mg/dL', *Endocrine Practice*, vol 12, no. Suppl. 1, pp. 67-75.


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RC-SPECIFIC TUHAT COMPILATIONS OF PUBLICATIONS DATA 2005-2010

DECODE/DECODA/Qiao


2008


Harjutalo, V., Lammi, N., Karonen, M., Tuomilehto, J. 2008, *How does the parental age-at-onset of type 1 diabetes (T 1 D) affect the risk of T1D in the offspring? A comparison of two large cohorts (age-at-onset 0-17 years and 15-35 years) in Finland*, *Diabetologia*, vol 51, pp. 48-49.


Huang, K., Pang, Z., Bao, G., Qiao, Q. 2008, *Correlation between capillary blood glucose and venous plasma glucose levels* [Chinese], *Medical Journal Qilu*, vol 58, no. 3, pp. 260-261.


Xue, B, Pang, Z, Bao, G, Qiao, Q 2008, ‘[Analysis on situation and risk factors of overweight and obesity of residents in Qingdao city]’, Zhongguo gonggong weisheng, vol 24, no. 5, pp. 585-589.


2009


INTERNATIONAL EVALUATION OF RESEARCH AND DOCTORAL TRAINING AT THE UNIVERSITY OF HELSINKI

RC-SPECIFIC TUHAT COMPILATIONS OF PUBLICATIONS DATA 2005-2010

DECODE/DECODA/Qiao


Decay/Decoda/Qiao


A2 Review in scientific journal

2005


2008


2010

Qiao, Q, Nyamondjor, R 2010, ‘Is the association of type II diabetes with waist circumference or waist-to-hip ratio stronger than that with body mass index?’, *European Journal of Clinical Nutrition*, vol 64, no. 1, pp. 30-34.
A3 Contribution to book/other compilations (refered)

2005


2006


2007


2009


Yleislääkäri
Salminen, M, Sintonen, H, Vahlberg, T, Isoaho, R, Verronen, S, Kivelä, S
2006
2006
Qiao, Q
hanke (D2D)', 'Lihavuuden, diabeteksen ja muiden glukoosiaineenvaihdunnan häiriöiden esiintyvyys suomalaisessa aikuisväestössä: Dehkon 2D-
elämänlaatu paranee yhtä paljon kuin muidenkin', 'Diabeetikon ohitusleikkaus ja pallolaajennus: terveyteen liittyvä
Harjutsalo, V, Tuomilehto, J
2006
Hirvonen, J, Blom, M, Tuominen, U, Sintonen, H, Rissanen, P
2005
Hirvonen, J, Blom, M, Tuominen, U, Sintonen, H, Rissanen, P
2005
DECODE/DECODA/Qiao

2010

2005

A4 Article in conference publication (referred)

2008
Tuominen, U, Hirvonen, J, Blom, M, Sintonen, H 2008, 'Is loger waiting time associated with health outcomes and costs of medication in

B1 Unrefereed journal article

2005
Hirvonen, J, Blom, M, Tuominen, U, Sintonen, H, Rissanen, P
2005

2006
DECODE/DECODA/Qiao


2007


2009


2010
INTERNATIONAL EVALUATION OF RESEARCH AND DOCTORAL TRAINING AT THE UNIVERSITY OF HELSINKI
RC-SPECIFIC TUHAT COMPILATIONS OF PUBLICATIONS DATA 2005-2010

DECODE/DECODA/Qiao


Tuomilehto, J 2010, 'Tall is beautiful and heart-healthy?', *European Heart Journal*, vol 31, no. 14, pp. 1674-1676.

Tuomilehto, J, Nichols, M 2010, Spotlight: Jaakko Tuomilehto, MD, MPolSc, PhD, *Circulation (Baltimore)*, vol 121, no. 18, pp. F103-F106.

Tuomilehto, J, Schwarz, PE 2010, 'Primary Prevention of Type 2 Diabetes is Advancing towards the Mature Stage in Europe', *Hormone and Metabolic Research*, vol 42, no. suppl. 1, pp. S1-S2.


B2 Contribution to book/other compilations (non-refereed)

2005


2006


C1 Published scientific monograph

2006

Sintonen, H, Pekurinen, M 2006, Terveystaloustiede, WSOY, Porvoo.

C2 Edited book, compilation, conference proceeding or special issue of journal

2005


2006

INTERNATIONAL EVALUATION OF RESEARCH AND DOCTORAL TRAINING AT THE UNIVERSITY OF HELSINKI

RC-SPECIFIC TUHAT COMPILATIONS OF PUBLICATIONS DATA 2005-2010

DECODE/DECODA/Qiao


2007


2009


D2 Article in professional hand or guide book or in a professional data system, or text book material

2006
1 Analysis of activities 2005-2010

- Associated person is one of Qing Qiao, Jaakko Tuomilehto, Regzedmaa Nyamdorj, Haoming Nan, Weiguo Gao, Lei Zhang, Feng Ning.

<table>
<thead>
<tr>
<th>Activity type</th>
<th>Count</th>
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<tbody>
<tr>
<td>Supervisor or co-supervisor of doctoral thesis</td>
<td>43</td>
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<tr>
<td>Prizes and awards</td>
<td>24</td>
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<tr>
<td>Editor of research journal</td>
<td>136</td>
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<td>Membership or other role in review committee</td>
<td>1</td>
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<tr>
<td>Membership or other role in national/international committee, council, board</td>
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<td>Membership or other role in public Finnish or international organization</td>
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<td>Participation in interview for written media</td>
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<td>Participation in radio programme</td>
<td>3</td>
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<tr>
<td>Participation in TV programme</td>
<td>1</td>
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</table>
2 Listing of activities 2005-2010

Supervisor or co-supervisor of doctoral thesis

Qing Qiao,
Supervisor, Qing Qiao, 2001 → 2005, Finland
Supervisor, Doctoral theses: Ragdzadma Nyamdorj, Qing Qiao, 2004 → 2010, Finland
Supervisor, Doctoral theses: Waguuo Gao, Qing Qiao, 2004 → 2010, Finland
Supervisor, Doctoral theses: Nan Hairong, Qing Qiao, 2005 → 2008, Finland
Supervisor, Qing Qiao, 2006 → 2009, Finland
Supervisor, Doctoral theses: Lei Zhang, Qing Qiao, 2006 → 2010, Finland
Supervisor, Qing Qiao, 2008 → ..., Finland
Supervisor, Doctoral theses: Bin Tang, Qing Qiao, 2008 → ..., Finland
Supervisor, Doctoral theses: Xin Song, Qing Qiao, 2009 → ..., Finland
Supervisor, Qing Qiao, 2010 → ..., Finland

Jaakko Tuomilehto,
Supervisor, Doctoral theses: Hanna Säiliä, Jaakko Tuomilehto, 1998 → 2006, Finland
Supervisor of doctoral thesis, Jaakko Tuomilehto, 01.01.2000 → 19.08.2005, Finland
Supervisor, Doctoral theses: Hilkka Ylihärsilä, Jaakko Tuomilehto, 2000 → 2008, Finland
Supervisor, Doctoral theses: Janne Pitkänen, Jaakko Tuomilehto, 2000 → 2008, Finland
Supervisor, Doctoral theses: Jianjun Wang, Jaakko Tuomilehto, 2000 → 2005, Finland
Supervisor, Doctoral theses: Noel Barengo, Jaakko Tuomilehto, 2000 → 2006, Finland
Supervisor, Doctoral theses: Valma Harjutsalo, Jaakko Tuomilehto, 2000 → 2007, Finland
Supervisor, Doctoral theses: Jaana Lindström, Jaakko Tuomilehto, 2001 → 2006, Finland
Supervisor, Doctoral theses: Juho Akkanen, Jaakko Tuomilehto, 2001 → 2007, Finland
Supervisor, Doctoral theses: Nan Hairong, Jaakko Tuomilehto, 2001 → 2008, Finland
Supervisor, Doctoral theses: Leena Sjöberg-Tuominen, Jaakko Tuomilehto, 2002 → ..., Finland
Supervisor, Doctoral theses: Siamak Bidel, Jaakko Tuomilehto, 2003 → 2008, Finland
Supervisor, Doctoral theses: Juha Peräsaari, Jaakko Tuomilehto, 2004 → ..., Finland
Supervisor, Doctoral theses: Maija Miettinen, Jaakko Tuomilehto, 2005 → ..., Finland
Supervisor, Doctoral theses: Marjukka Hyvärinen, Jaakko Tuomilehto, 2004 → 2009, Finland
Supervisor, Doctoral theses: Päivi Kleemola, Jaakko Tuomilehto, 2004 → ..., Finland
Supervisor, Doctoral theses: Saara Väinäläinen, Jaakko Tuomilehto, 2004 → ..., Finland
Supervisor, Doctoral theses: Jari Lappalainen, Jaakko Tuomilehto, 2005 → ..., Finland
Supervisor, Doctoral theses: Bin Tang, Jaakko Tuomilehto, 2006 → ..., Finland
Supervisor, Doctoral theses: Feng Ning, Jaakko Tuomilehto, 2006 → ..., Finland
Supervisor, Doctoral theses: Lei Zhang, Jaakko Tuomilehto, 2006 → 2010, Finland
Supervisor, Doctoral theses: Waguuo Gao, Jaakko Tuomilehto, 2006 → 2010, Finland

Harri Sintonen,
Supervisor, Doctoral theses: Hanna Toiviainen, Harri Sintonen, 2000 → 2007, Finland
Supervisor, Doctoral theses: Johanna Hirvonen, Harri Sintonen, 2000 → 2007, Finland
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Supervisor, Doctoral theses: Juho Akkanen, Harri Sintonen, 2000 → 2007, Finland
Supervisor, Doctoral theses: Pirjo Räsänen, Harri Sintonen, 2000 → 2007, Finland
Supervisor, Doctoral theses: Marketa Veihola, Harri Sintonen, 2001 → 2008, Finland
Supervisor, Doctoral theses: Samuli Saami, Harri Sintonen, 2001 → 2008, Finland
Supervisor, Doctoral theses: Pasi Aronen, Harri Sintonen, 2004 → ..., Finland
Supervisor, Doctoral theses: Timo Hujanen, Harri Sintonen, 2004 → ..., Finland
Supervisor, Doctoral theses: Ulla Tuominen, Harri Sintonen, 2004 → ..., Finland
Supervisor, Doctoral theses: Jutta Järvelin, Harri Sintonen, 2006 → ..., Finland

Prizes and awards

Qing Qiao,
Honourable awards, One article was chosen as Editor's choice of the Issue in Diabetologia, Qing Qiao, 2010
Reviewer for, Turkish (TUBITAK) Science Awards 2010, Qing Qiao, 2010, Turkey

Jaakko Tuomilehto,
Bradford Hill Seminar Series, Jaakko Tuomilehto, 2005, United Kingdom
Dean's Distinguished Seminar Series, Jaakko Tuomilehto, 2005, United States
Fredrick H. Epstein Memorial Lecture, Jaakko Tuomilehto, 2005, United States
Lilly Lecture Award, Jaakko Tuomilehto, 2005, United Kingdom
Anka Carlson Memorial Lecture, Jaakko Tuomilehto, 2006, Italy
50th Anniversary International Symposium of Japan Diabetes Society, Jaakko Tuomilehto, 2007, Japan
Award for the most outstanding PhD thesis in natural sciences in Finland in the year 2006, Jaakko Tuomilehto, 2007, Finland
Award for the most outstanding publication in nutrition sciences from Finland in the year 2006, Jaakko Tuomilehto, 2007, Finland
Marjory Robertson Lecture, Jaakko Tuomilehto, 2007, United Kingdom
Epidemiologist of the year, Jaakko Tuomilehto, 2008, Finland
European Journal of Cardiovascular Prevention & Rehabilitation (EJCPR) the most highly cited author award, Jaakko Tuomilehto, 2006, Sweden
Khwarzmi 2009 Award, Jaakko Tuomilehto, 01.01.2009 → 31.12.2011, Iran
Laureate of the Khwarzmi International Award, Jaakko Tuomilehto, 2009, Finland
The top 10 major advance in heart disease and stroke research 2008, Jaakko Tuomilehto, 2009, United States
Trial of the Year 2008, Jaakko Tuomilehto, 2009, United States
Grand Hamdan International Award in Diabetes Research, Jaakko Tuomilehto, 2010, United Arab Emirates

Harri Sintonen,
Best article, Harri Sintonen, 01.01.2005, United States
Best Student Presentation, Harri Sintonen, 01.01.2006, Denmark
Best poster, Harri Sintonen, 01.01.2007, Spain
Best poster, Harri Sintonen, 01.01.2008, Finland

Lei Zhang,
Chancellor's Travel Grant, Lei Zhang, 01.01.2009 → 31.12.2011, Finland
Dissertation completion grant, Lei Zhang, 01.01.2009 → 31.12.2010, Finland

Editor of research journal

Qing Qiao,
Diabetes Care, Qing Qiao, 01.01.1997 → ..., United States
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Diabetes Research and Clinical Practice, Qing Qiao, 20.02.1997 → ..., Netherlands
Diabetic Medicine, Qing Qiao, 01.01.1997 → ..., United Kingdom
Diabetologia, Qing Qiao, 01.01.1997 → ..., United States
Journal of Hypertension, Qing Qiao, 01.07.1997 → ..., United States
Reviewer, Cardiovascular Diabetology, Qing Qiao, 1997 → ...
Reviewer, European Journal of Cardiovascular Prevention and Rehabilitation, Qing Qiao, 1997 → ...
Reviewer, European Journal of Clinical Nutrition, Qing Qiao, 1997 → ...
Reviewer, Nutrition, Metabolism and Cardiovascular Disease, Qing Qiao, 1997 → ...
Reviewer, Open General and Internal Medicine Reviews, Qing Qiao, 1997 → ...
Reviewer, British Journal of Nutrition, Qing Qiao, 1997 → ..., United Kingdom
Current Diabetes Review, Qing Qiao, 01.01.2004 → ..., Netherlands
Diabetes Care, Qing Qiao, 01.01.2005 → 31.12.2005, United States
Diabetic Medicine, Qing Qiao, 01.02.2005 → 31.12.2005, United Kingdom
Reviewer for abstracts submitted to the 41st, 42st and 43rd EDEG annual conferences 2006-2008, Qing Qiao, 2006 → 2008
Diabetologia, Qing Qiao, 19.09.2007 → 31.12.2007, Germany

Jaakko Tuomilehto

Journal of Human Hypertension, Jaakko Tuomilehto, 1985 → 2008
International Diabetes Monitor, Jaakko Tuomilehto, 1989 → ...
Croatian Medical Journal, Jaakko Tuomilehto, 1991 → ...
International Diabetes Monitor, Jaakko Tuomilehto, 01.01.2000 → 31.12.2007, United States
Future Forum Editorial Board, Jaakko Tuomilehto, 2002 → 2010
Diabetes and Vascular Disease Research, Jaakko Tuomilehto, 2003 → ...
European Journal of Cardiovascular Prevention and Rehabilitation, Jaakko Tuomilehto, 2003 → 2005
Vascular Health and Risk Management, Jaakko Tuomilehto, 2004 → ...
Current Hypertension Reviews, Jaakko Tuomilehto, 2005 → ...
Current Hypertension Reviews, Jaakko Tuomilehto, 01.01.2005 → 31.12.2005, United Kingdom
Diabetes and Metabolism Reviews and Research, Jaakko Tuomilehto, 2005 → ...
Diabetes and Metabolism Reviews and Research, Jaakko Tuomilehto, 01.06.2005 → 31.12.2005, Italy
Diabetes and Vascular Disease Research, Jaakko Tuomilehto, 01.01.2005 → 31.12.2005, United Kingdom
European Journal of Cardiovascular Prevention and Rehabilitation, Jaakko Tuomilehto, 01.01.2005 → 31.12.2005, United Kingdom
Evidence-Based Preventive Medicine, Jaakko Tuomilehto, 01.01.2005 → 31.12.2005, United Kingdom
Journal of Human Hypertension, Jaakko Tuomilehto, 01.01.2005 → 31.12.2005, United Kingdom
McMaster PLUS -McMaster Online Rating of Evidence, Jaakko Tuomilehto, 01.01.2005 → 31.12.2005, United Kingdom
Annals of International Medicine, Jaakko Tuomilehto, 01.01.2006 → 31.12.2006, United States
Croatian Medical Journal, Jaakko Tuomilehto, 01.01.2006 → 31.12.2006, Croatia
Current Hypertension Reviews, Jaakko Tuomilehto, 01.01.2006 → 31.12.2006, United Kingdom
Diabetes, Jaakko Tuomilehto, 01.01.2006 → 31.12.2006, United States
Diabetes Research and Clinical Practice, Jaakko Tuomilehto, 01.01.2006 → 31.12.2006, Netherlands
Diabetes and Metabolism Reviews, Jaakko Tuomilehto, 01.01.2006 → 31.12.2006, Italy
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Diabetes and Vascular Disease Research, Jaakko Tuomilehto, 01.01.2006 → 31.12.2006, United Kingdom
Diabetic Medicine, Jaakko Tuomilehto, 01.01.2006 → 31.12.2006, United Kingdom
Diabetologia, Jaakko Tuomilehto, 01.01.2006 → 31.12.2006, Germany
European Heart Journal, Jaakko Tuomilehto, 01.01.2006 → 31.12.2006, United Kingdom
European Journal of Cardiovascular Prevention and Rehabilitation, Jaakko Tuomilehto, 01.01.2006 → 30.04.2006, United Kingdom
Evidence-Based Preventive Medicine, Jaakko Tuomilehto, 01.01.2006 → 31.12.2006, United Kingdom
International Journal of Obesity, Jaakko Tuomilehto, 01.01.2006 → 31.12.2006, United Kingdom
Journal of Human Hypertension, Jaakko Tuomilehto, 01.01.2006 → 31.12.2006, United Kingdom
Journal of Hypertension, Jaakko Tuomilehto, 01.01.2006 → 31.12.2006, United States
Lancet, Jaakko Tuomilehto, 01.01.2006 → 31.12.2006, United Kingdom
McMaster PLUS-McMaster Online Rating of Evidence, Jaakko Tuomilehto, 01.01.2006 → 31.12.2006, Canada
Stroke, Jaakko Tuomilehto, 01.01.2006 → 30.12.2006, United States
Vascular Health and Risk Assessment, Jaakko Tuomilehto, 01.01.2006 → 31.12.2006, United Kingdom
Annals of Internal Medicine, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, United States
Croatian Medical Journal, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, Croatia
Current Hypertension Reviews, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, United Kingdom
Diabetes, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, United States
Diabetes Care, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, United States
Diabetes Research and Clinical Practice, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, Netherlands
Diabetes and Metabolism Reviews and Research, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, Italy
Diabetic Medicine, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, United Kingdom
Diabetologia, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, Germany
European Heart Journal, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, United Kingdom
European Journal of Clinical Nutrition, Jaakko Tuomilehto, 2007 → …
European Journal of Epidemiology, Jaakko Tuomilehto, 2007 → …
International Journal of Obesity, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, United Kingdom
Journal of Hypertension, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, United States
Lancet, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, United Kingdom
McMaster PLUS - McMaster Online Rating of Evidence, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, Canada
Stroke, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, United States
Annals of Internal Medicine, Jaakko Tuomilehto, 01.01.2008 → 31.12.2008, United States
Current Hypertension Reviews, Jaakko Tuomilehto, 01.01.2008 → 31.12.2008, United Kingdom
Diabetes, Jaakko Tuomilehto, 01.01.2008 → 31.12.2008, United States
Diabetes Care, Jaakko Tuomilehto, 01.01.2008 → 31.12.2008, United States
Diabetes and Metabolism Reviews and Research, Jaakko Tuomilehto, 01.01.2008 → 31.12.2008, Italy
Diabetic Medicine, Jaakko Tuomilehto, 01.01.2008 → 31.12.2008, United Kingdom
Diabetologia, Jaakko Tuomilehto, 01.01.2008 → 31.12.2008, Germany
European Heart Journal, Jaakko Tuomilehto, 01.01.2008 → 31.12.2008, United Kingdom
International Journal of Obesity, Jaakko Tuomilehto, 01.01.2008 → 31.12.2008, United Kingdom
Journal of Hypertension, Jaakko Tuomilehto, 01.01.2008 → 31.12.2008, United States
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Lancet, Jaakko Tuomilehto, 01.01.2008 → 31.12.2008, United Kingdom
Neuroepidemiology, Jaakko Tuomilehto, 2008 → ...
Stroke, Jaakko Tuomilehto, 01.01.2008 → 31.12.2008, United States
The Open Cardiovascular Medicine Journal, Jaakko Tuomilehto, 2008 → ...
Annals of Internal Medicine, Jaakko Tuomilehto, 01.01.2009 → 31.12.2009, United States
Croatian Medical Journal, Jaakko Tuomilehto, 01.01.2009 → 31.12.2009, Croatia
Current Hypertension Reviews, Jaakko Tuomilehto, 01.01.2009 → 31.12.2009, United Kingdom
Diabetes, Jaakko Tuomilehto, 01.01.2009 → 31.12.2009, United Kingdom
Diabetes Care, Jaakko Tuomilehto, 01.01.2009 → 31.12.2009, United States
Diabetes Research and Clinical Practice, Jaakko Tuomilehto, 2009 → ...
Diabetes and Metabolism Reviews and Research, Jaakko Tuomilehto, 01.01.2009 → 31.12.2009, Italy
Diabetic Medicine, Jaakko Tuomilehto, 01.01.2009 → 31.12.2009, United Kingdom
Diabetologia, Jaakko Tuomilehto, 01.01.2009 → 31.12.2009, United States
European Heart Journal, Jaakko Tuomilehto, 01.01.2009 → 31.12.2009, United Kingdom
European Journal of Clinical Investigation, Jaakko Tuomilehto, 2009 → ...
International Journal of Obesity, Jaakko Tuomilehto, 01.01.2009 → 31.12.2009, United Kingdom
Iranian Journal of Public Health, Jaakko Tuomilehto, 2009 → ...
Journal of Hypertension, Jaakko Tuomilehto, 01.01.2009 → 31.12.2009, United States
Lancet, Jaakko Tuomilehto, 01.01.2009 → 31.12.2009, United Kingdom
Stroke, Jaakko Tuomilehto, 01.01.2009 → 31.12.2009, United States
Diabetes Management, Jaakko Tuomilehto, 2010 → ...
Frontiers in Stroke, Jaakko Tuomilehto, 2010 → ...
Primary Care Diabetes, Jaakko Tuomilehto, 2010 → ...

Harri Sintonen

International Journal of Technology Assessment in Health Care, Harri Sintonen, 01.01.1998 → ..., United States
International Journal of Technology Assessment in Health Care, Harri Sintonen, 01.01.1998 → 31.12.2010, United States
Sosiaalilääketieteen Aikakauslehti, Harri Sintonen, 01.01.1998 → ..., Finland
Health Economics, Harri Sintonen, 01.01.2005 → 31.12.2005, United Kingdom
International Journal of Technology Assessment in Health Care, Harri Sintonen, 01.01.2005 → 31.12.2005, United States
International Journal of Technology Assessment in Health Care, Harri Sintonen, 01.01.2005 → 31.12.2005, United States
Sosiaalilääketieteen Aikakauslehti, Harri Sintonen, 01.01.2005 → 31.12.2005, Finland
Basic & Clinical Pharmacology & Toxicology, Harri Sintonen, 01.01.2006 → 31.12.2006, United Kingdom
Basic & Clinical Pharmacology & Toxicology, Harri Sintonen, 01.01.2006 → 31.12.2006, United Kingdom
Health Economics, Harri Sintonen, 01.01.2006 → 31.12.2006, United Kingdom
International Journal of Technology Assessment in Health Care, Harri Sintonen, 01.01.2006 → 31.12.2006, United States
International Journal of Technology Assessment in Health Care, Harri Sintonen, 01.01.2006 → 31.12.2006, United States
Quality of Life Research, Harri Sintonen, 01.01.2006 → 31.12.2006, Netherlands
Sosiaalilääketieteen Aikakauslehti, Harri Sintonen, 01.01.2006 → 31.12.2006, Finland
International Journal of Technology Assessment in Health Care, Harri Sintonen, 01.01.2007 → 31.12.2007, United States
International Journal of Technology Assessment in Health Care, Harri Sintonen, 01.01.2007 → 31.12.2007, United States
Quality of Life Research, Harri Sintonen, 01.01.2007 → 31.12.2007, Netherlands
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Sosiaalilääketieteellinen Aikakauslehti, Harri Sintonen, 01.01.2007 → 31.12.2007, Finland
International Journal of Technology Assessment in Health Care, Harri Sintonen, 01.01.2008 → 31.12.2008, United States
International Journal of Technology Assessment in Health Care, Harri Sintonen, 01.01.2008 → 31.12.2008, United States
Quality of Life Research, Harri Sintonen, 01.11.2008 → 31.12.2011, Netherlands
Sosiaalilääketieteellinen Aikakauslehti, Harri Sintonen, 01.01.2008 → 31.12.2008, Finland
International Journal of Technology Assessment in Health Care, Harri Sintonen, 01.09.2009 → 31.12.2011, United States
International Journal of Technology Assessment in Health Care, Harri Sintonen, 01.01.2009 → 31.12.2009, United States
Sosiaalilääketieteellinen Aikakauslehti, Harri Sintonen, 01.01.2009 → 31.12.2009, Finland
Value in Health, Harri Sintonen, 01.01.2009 → 31.12.2011, Netherlands
International Journal of Technology Assessment in Health Care, Harri Sintonen, 01.03.2010, United States
International Journal of Technology Assessment in Health Care, Harri Sintonen, 01.12.2010, United States
Nordic Journal of Psychiatry, Harri Sintonen, 01.06.2010, United Kingdom
Pain Research and Treatment, Harri Sintonen, 01.11.2010, Egypt
Vaccine, Harri Sintonen, 01.01.2010, Netherlands

Membership or other role in review committee
Qing Qiao ,
Editorial board member, Open General and Internal Medicine Reviews, Qing Qiao, 2007 → ...

Membership or other role in national/international committee, council, board
Qing Qiao ,
A member of the International Faculty in the 4th World Congress on Prevention of Diabetes and its Complication, Qing Qiao, 11.02.2005 → 13.02.2005, India
A member of the steering committee of the European Diabetes Epidemiology Group, Qing Qiao, 2005 → 2008
European Diabetes Epidemiology Group, Qing Qiao, 01.01.2005 → ...
Faculty Member of the ESC Congress 2005, Qing Qiao, 03.09.2005 → 07.09.2005, Sweden
Faculty member of the International Course on Cardiovascular and Diabetes Epidemiology, Qing Qiao, 04.2006, Finland
Scientific committee member, Qing Qiao, 2006 → 2008
WHO Consultation on the definition of the metabolic syndrome, Qing Qiao, 08.12.2008 → 11.12.2008, Switzerland
WHO Consultation on the definition of the obesity, Qing Qiao, 20.11.2008 → 21.11.2008, Switzerland

Jaakko Tuomilehto ,
Finnish Epidemiological Society, Board member, Jaakko Tuomilehto, 2000 → 2008, Finland
Finnish Epidemiological Society, Founding member, Jaakko Tuomilehto, 2000 → 2008, Finland
Advisory Committee for Evaluation and Research, Jaakko Tuomilehto, 2003 → ...
Advisory Committee for Evaluation and Research, Chairman, Jaakko Tuomilehto, 2003 → 2008
International Epidemiological Association, Jaakko Tuomilehto, 2003 → ...
International Society of Diabetes and Vascular Disease, Founding member, Jaakko Tuomilehto, 2003 → ...
European Federation of Neurological Societies, Chair, Jaakko Tuomilehto, 2004 → 2007
European Federation of Neurological Societies, Science Panel on Neuroepidemiology, Jaakko Tuomilehto, 2004 → ...
European Society of Cardiology, Science Council Member, Jaakko Tuomilehto, 2004 → 2008
Finnish Epidemiological Society, President, Jaakko Tuomilehto, 2004 → 2006, Finland
1st International Congress on Prediabetes and the Metabolic Syndrome, Jaakko Tuomilehto, 2005 → ..., Germany
4th World Congress on Prevention of Diabetes and Its Complications, Jaakko Tuomilehto, 2005 → ..., India
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6th International Conference on Preventive Cardiology, Jaakko Tuomilehto, 2005 → ..., Brazil
American Diabetes Association, Jaakko Tuomilehto, 2005 → ...
European Association of the Study of Diabetes, Jaakko Tuomilehto, 01.01.2005 → ...
European Federation of Neurological Societies/Neuroepidemiology Science Panel, Jaakko Tuomilehto, 01.09.2005 → 31.12.2005, Austria
European Society for Cardiovascular Prevention, Board member, Jaakko Tuomilehto, 2005 → ...
European Society of Cardiology/European Association of Cardiovascular Prevention and Rehabilitation, Jaakko Tuomilehto, 01.09.2005 → 31.12.2005, France
European Society of Cardiology/European Association of Cardiovascular Prevention and Rehabilitation, Jaakko Tuomilehto, 01.09.2005 → 31.12.2005, France
European Society of Cardiology/Working Group of Epidemiology and Prevention, Jaakko Tuomilehto, 01.01.2005 → 31.12.2005, France
Finnish Hypertension Society, Jaakko Tuomilehto, 01.01.2005 → ..., Finland
Finnish Hypertension Society, Founding member, Jaakko Tuomilehto, 01.01.2005 → ..., Finland
Finnish Medical Association, Jaakko Tuomilehto, 01.01.2005 → ..., Finland
Finnish Society for Social Medicine, Jaakko Tuomilehto, 01.01.2005 → ..., Finland
Finnish Society of Doctors, Duodecim, Jaakko Tuomilehto, 01.01.2005 → ..., Finland
Future Forum Editorial Board, Jaakko Tuomilehto, 01.01.2005 → 31.12.2005, United Kingdom
Implementation Programme for Primary Prevention of Type 2 Diabetes, International Advisory Board Member for National Programmes, Jaakko Tuomilehto, 2005 → ...
International Advisory Board for the National Diabetes and Cardiovascular Programme, International Advisory Board Member for National Programmes, Jaakko Tuomilehto, 2005 → ...
International Diabetes Federation, Jaakko Tuomilehto, 2005 → ...
International Society of Diabetes and Vascular Disease, Jaakko Tuomilehto, 01.01.2005 → 31.12.2005, United Kingdom
Prandial Glucose Regulation Group, Jaakko Tuomilehto, 01.01.2005 → 31.12.2005, Canada
Suomen Epidemiologian Seura, Jaakko Tuomilehto, 01.04.2005 → 31.01.2006, Finland
Suomen Verenpaineyhdistys, Jaakko Tuomilehto, 01.01.2005 → 31.12.2005, Finland
WHO Study Group meeting: Integrated approach to primary prevention of heart attacks and strokes, Jaakko Tuomilehto, 2005 → ..., Switzerland
WHO/IDF Consultation: Definition and diagnosis of diabetes mellitus and intermediate hyperglycaemia, Jaakko Tuomilehto, 2005 → ..., Switzerland
10th International Diabetes Epidemiology Group Symposium, Jaakko Tuomilehto, 2006 → ..., South Africa
1st International Conference on Hypertension, Lipids and Stroke Prevention, Jaakko Tuomilehto, 2006 → ..., France
Diabetes and Cardiovascular Disease Study Group, Board member, Jaakko Tuomilehto, 2006 → 2010
Diabetes and Cardiovascular Disease Study Group, founding member, Jaakko Tuomilehto, 2006 → 2010
European Federation of Neurological Societies/Neuroepidemiology Science Panel, Jaakko Tuomilehto, 01.09.2006 → 31.12.2006, Austria
European Society of Cardiology/Science Council, Jaakko Tuomilehto, 01.09.2006 → 31.12.2006, France
European Society of Cardiology/Working Group of Epidemiology and Prevention, Jaakko Tuomilehto, 01.09.2006 → 31.12.2006, France
European Stroke Master Course, Jaakko Tuomilehto, 01.09.2006 → ..., Austria
Future Forum Editorial Board, Jaakko Tuomilehto, 01.01.2006 → 31.12.2006, United Kingdom
International Society of Diabetes and Vascular Disease, Jaakko Tuomilehto, 01.01.2006 → 31.12.2006, United Kingdom
Prandial Glucose Regulation Group, Jaakko Tuomilehto, 01.01.2006, Canada
Suomen Verenpaineyhdistys, Jaakko Tuomilehto, 01.01.2006 → 31.12.2006, Finland
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1st Expert Meeting of the European Society of Cardiovascular Prevention (ESOCAP) on Genetic Predisposition for Coronary Heart Disease - Chances and Risks of Genetic Testing, Jaakko Tuomilehto, 2007 → ...

1st Qingdao Forum on Diabetes Prevention, Jaakko Tuomilehto, 2007 → ... United Kingdom


2nd International Congress on Prediabetes and the Metabolic Syndrome, Jaakko Tuomilehto, 2007 → ..., Spain

Diabetes Australia- New South Wales "Diabetes and diabetes obesity update day", Jaakko Tuomilehto, 2007 → ..., Australia

ESC Committee for Practice Guidelines: Guidelines Implementation Meeting on Diabetes, Prediabetes and Cardiovascular Disease, Jaakko Tuomilehto, 2007 → ..., France

European Federation of Neurological Societies, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, Austria

European Society for Cardiovascular Prevention, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, Italy

European Society of Cardiology/Science Council, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, France

European Society of Cardiology/Working Group of Epidemiology and Prevention, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, France

Future Forum Editorial Board, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, United Kingdom

International Society of Diabetes and Vascular Disease, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, United Kingdom

Ministry of Health and Quality of Life of Mauritius, International Advisory Board Member for National Programmes, Jaakko Tuomilehto, 2007 → ...

Prandial Glucose Regulation Group, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, Canada

Prospective in Prevenzione Cardiovascualre, Jaakko Tuomilehto, 20.09.2007 → 28.09.2007, Italy

Suomen Epidemiologian Seura, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, Finland

Suomen Verenpaineyhdistys, Jaakko Tuomilehto, 01.01.2007 → 31.12.2007, Finland

What do the ESC/EASD guidelined tell us?, Jaakko Tuomilehto, 2007 → ..., Belgium

2nd International Conference on Hypertension, Lipids and Stroke Prevention, Jaakko Tuomilehto, 2008 → ..., Czech Republic

2nd Meeting of the EASD Study Group on Diabetes and CVD, Jaakko Tuomilehto, 2008 → ..., Italy

2nd World Congress on Controversies to Consensus in Diabetes, Obesity and Hypertension (CODHy), Jaakko Tuomilehto, 2008 → ..., Spain

3rd Meeting of European Society for Cardiovascular Prevention, Jaakko Tuomilehto, 01.01.2008 → 05.01.2008, Italy

5th Asian-Pacific diabetes epidemiology course, Jaakko Tuomilehto, 2008 → ..., Japan

5th World Congress on Prevention of Diabetes and its Complications, Jaakko Tuomilehto, 01.06.2008 → 05.06.2008, Finland

AACE Consensus Conference on the Prevention of Type 2 Diabetes, Washington D.C., Jaakko Tuomilehto, 2008 → ..., United States


Controversies to Consensus in Diabetes, Obesity and Hypertension, CODHy, Jaakko Tuomilehto, 01.01.2008 → 31.10.2008, Spain

Diabetes and Cardiovascular Disease EASD Study Group, D and CDV, Jaakko Tuomilehto, 21.11.2008 → 23.11.2008, Italy

European Federation of Neurological Societies, Jaakko Tuomilehto, 01.01.2008 → 31.12.2008, Austria

European Society for Cardiovascular Prevention, Jaakko Tuomilehto, 01.01.2008 → 31.12.2008, Austria

European Society of Cardiology/Science Council, Jaakko Tuomilehto, 01.01.2008 → 31.12.2008, France

European Society of Cardiology, Joint Prevention Committee Member, Jaakko Tuomilehto, 2008 ...

Future Forum Editorial Board, Jaakko Tuomilehto, 01.01.2008 → 31.12.2008, France

International Society of Diabetes and Vascular Disease, Jaakko Tuomilehto, 01.01.2008 → 31.12.2008, United Kingdom

IDF, WPRI Asia-Pacific Diabetes Epidemiology and Education Training Course 2008, Jaakko Tuomilehto, 01.01.2008 → 30.08.2008, Japan
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Meeting of the Image Projet, Jaakko Tuomilehto, 05.11.2008 → 08.11.2008, Spain

Prevencion de la diabetes y de la enfermedad cardiovascular en Europa, Jaakko Tuomilehto, 2008 → ..., Spain

Qatar Healthy Aging Centre, Jaakko Tuomilehto, 12.10.2008 → 17.10.2008, Qatar

Suomen Epidemiologian Seura, Jaakko Tuomilehto, 01.01.2008 → 31.12.2008, Finland

Suomen Verenpaineyhdistys, Jaakko Tuomilehto, 01.01.2008 → 31.12.2008, Finland

The 44th Annual Meeting of the European Association for the Study of Diabetes, Jaakko Tuomilehto, 07.09.2008 → 11.09.2008, Italy

WHO Consultation on a Prioritized Research Agenda for Prevention and Control of Noncommunicable Diseases, Jaakko Tuomilehto, 2008 → ..., Switzerland

WHO Consultation on the Metabolic Syndrome concept in Epidemiology, Health Promotion and Clinical Wo, Jaakko Tuomilehto, 01.01.2008 → 21.11.2008, Switzerland

WHO/International Diabetes Federation Training Seminar on Epidemiology and Public Health Aspects of Diabetes Mellitus, Faculty member, Jaakko Tuomilehto, 2008 → ..., United Kingdom

Working Group of Epidemiology and Prevention, Jaakko Tuomilehto, 01.01.2008 → 31.12.2008, France

11th Symposium of the International Diabetes Epidemiology Group, Jaakko Tuomilehto, 2009 → ..., Canada

1st International Congress on Clinical Neurology and Epidemiology, Jaakko Tuomilehto, 2009 → ..., Germany

3rd International Congress on "Prediabetes" and the Metabolic Syndrome, Jaakko Tuomilehto, 2009 → ..., France

ADA/AACE Consensus Meeting on Individualizing Therapy in Type 2 Diabetes, Jaakko Tuomilehto, 2009 → ..., United States

Euroforum course on epidemiology and prevention of diabetes mellitus and cardiovascular disease, Jaakko Tuomilehto, 2009 → ..., Spain

European Federation of Neurological Societies, Jaakko Tuomilehto, 01.01.2009 → 31.12.2009, Austria

European Society for Cardiovascular Prevention, Jaakko Tuomilehto, 01.01.2009 → 31.12.2009, Italy

European Society of Cardiology, Jaakko Tuomilehto, 01.01.2009 → 31.12.2009, France

Finnish Hypertension Society, Honorary membership, Jaakko Tuomilehto, 2009 → ...

Future Forum Editorial Board, Jaakko Tuomilehto, 01.01.2009 → 31.12.2009, United Kingdom

International Advisory Board, Scottish Health Informatics Programme, International Advisory Board Member for National Programmes, Jaakko Tuomilehto, 2009 → ...

International Society of Diabetes and Vascular Disease, Jaakko Tuomilehto, 01.01.2009 → 31.12.2009, United Kingdom

Korea's diabetes epidemiology course, Jaakko Tuomilehto, 2009 → ..., South Korea

National guideline development workshop for diabetes prevention and control, Jaakko Tuomilehto, 2009 → ..., Saudi Arabia


Suomen Epidemiologian Seura, Jaakko Tuomilehto, 01.01.2009 → 31.12.2009, Finland

Suomen Verenpaineyhdistys, Jaakko Tuomilehto, 01.01.2009 → 31.12.2009, Finland

WHO Expert Reference Group for NCD Surveillance Meeting, Jaakko Tuomilehto, 2009 → ..., Switzerland

WHO/IDF Consultation on diagnostic criteria for diabetes mellitus and related disorders of glucose metabolism, Jaakko Tuomilehto, 2009 → ..., Switzerland

Working Group of Epidemiology and Prevention, Jaakko Tuomilehto, 01.01.2009 → 31.12.2009, Italy

1st Latin American Congress on Controversies to Consensus in Diabetes, Obesity and Hypertension (Latin-CODHy), Jaakko Tuomilehto, 2010 → ..., Argentina

3rd International Conference on Hypertension, Lipids and Stroke Prevention, Jaakko Tuomilehto, 2010 → ..., Germany

3rd International Conference on Hypertension, Lipids and Stroke Prevention, Jaakko Tuomilehto, 2010 → ..., Germany

3rd World Congress on Controversies to Consensus in Diabetes, Obesity and Hypertension (CODHy), Jaakko Tuomilehto, 2010 → ..., Czech Republic

6th World Congress on Prevention of Diabetes and Its Complications, Honorary President, Jaakko Tuomilehto, 2010 → ..., Germany
INTERNATIONAL EVALUATION OF RESEARCH AND DOCTORAL TRAINING AT THE UNIVERSITY OF HELSINKI

RC-SPECIFIC TUHAT COMPILATIONS OF OTHER SCIENTIFIC ACTIVITIES 2005-2010

DECODE/DECODA/Qiao

6th World Congress on Prevention of Diabetes and its Complications, Jaakko Tuomilehto, 08.04.2010 → 11.04.2010, Germany
Aspects of Diabetes Mellitus, Faculty member, Jaakko Tuomilehto, 2010 → ..., China
Simposium Internacional Sobre Investigaciones en Prevencion de Diabetes y Enfermedades Cardiovasculares, Jaakko Tuomilehto, 2010 → ..., Peru
The 1st Latin America Congress on Controversies to Consensus in Diabetes, Obesity and Hypertension, Jaakko Tuomilehto, 11.03.2010 → 14.03.2010, Argentina
The 1st Latin America Congress on Controversies to Consensus in Diabetes, Obesity and Hypertension, Jaakko Tuomilehto, 11.03.2010 → 13.03.2010, Argentina
The 3rd World Congress on Controversies to Consensus in Diabetes, Obesity and Hypertension, Jaakko Tuomilehto, 13.05.2010 → 16.05.2010, Czech Republic
Harri Sintonen, European Association for the Development of Health Economics, Harri Sintonen, 01.01.2005 → 31.12.2005, Spain
Faculty of 1000 Medicine: Health services research and economics' Section of the Public Health and Epidemiology Faculty, Harri Sintonen, 01.01.2005 → 31.12.2005, Iceland
Helsingin ja Uudenmaan sairaanhoidon suunnitelmatoiminnan valluuston varajäsen, Harri Sintonen, 01.01.2005 → ..., Finland
International Society for Pharmacoeconomics and Outcomes Research (ISPOR), 9th Annual European Congress Program Committee, Harri Sintonen, 01.01.2005 → 30.12.2005, Denmark
The EuroQol Group, Harri Sintonen, 01.01.2005 → 31.12.2005, Netherlands
Yrjö Jahnssonin säätiön tieteellinen valiokunta, Harri Sintonen, 01.01.2005 → ..., Finland
Faculty of 1000 Medicine: Health services research and economics' Section of the Public Health and Epidemiology Faculty, Harri Sintonen, 01.01.2006 → 31.12.2006, United Kingdom
ISPOR 9th Annual European Congress 28.-31.10.2006; Contributed Research Review Committee, Harri Sintonen, 01.01.2006 → 31.12.2006, United States
The EuroQol Group, Harri Sintonen, 01.01.2006 → 31.12.2006, Netherlands
Faculty of 1000 Medicine: Health services research and economics' Section of the Public Health, Harri Sintonen, 01.01.2007 → 31.03.2007, United Kingdom
The EuroQol Group, Harri Sintonen, 01.01.2007 → 31.12.2007, Netherlands
European Conference on Health Economics, Harri Sintonen, 01.01.2009 → 31.12.2010, Italy
Regzedmaa Nyamdorj, Finnish Association for the Study of Obesity, Regzedmaa Nyamdorj, 01.07.2007 → 31.12.2010, Finland
Finnish Hypertension Society, Regzedmaa Nyamdorj, 01.06.2007 → 31.12.2010, Finland

Membership or other role in public Finnish or international organization

Jaakko Tuomilehto, STm, Valtakunnallisen tyypin 2 diabeteksen ehkäisyohjelman D2D-hanke, Jaakko Tuomilehto, 01.01.2005 → 31.12.2005, Finland
Harri Sintonen, Dehkon 2 D-hankkeen tieteellisten tutkimusten koordinaatio- ja tukiryhmä, Harri Sintonen, 01.01.2004 → 31.12.2010, Finland
Dehkon 2 D-hankkeen tieteellisten tutkimusten koordinaatio- ja tukiryhmä, Harri Sintonen, 01.01.2005 → 31.12.2005, Finland
Helsingin ja Uudenmaan sairaanhoidon suunnitelmatoiminnan valluuston varajäsen, Harri Sintonen, 01.01.2005 → 31.12.2005, Finland
STAKE:n Tutkimus- ja toimintakunta, Harri Sintonen, 01.01.2005 → 31.12.2005, Finland
INTERNATIONAL EVALUATION OF RESEARCH AND DOCTORAL TRAINING AT THE UNIVERSITY OF HELSINKI

RC-SPECIFIC TUHAT COMPILATIONS OF OTHER SCIENTIFIC ACTIVITIES 2005-2010


Yrjö Jahnssonin säätiö, Harri Sintonen, 01.01.2005 → 31.12.2005, Finland

Dehkon 2 D-hankkeen tieteellisten tutkimusten koordinaatio- ja tukiryhmä, Harri Sintonen, 01.01.2006 → 31.12.2006, Finland

Helsingin ja Uudenmaan sairaanhoitoliiton kuntayhtymän valtuuston varajäsen, Harri Sintonen, 01.01.2006 → 31.12.2006, Finland

STAKEsin Tutkimuskoordinaattorin toimisto, Harri Sintonen, 01.01.2006 → 31.12.2006, Finland

Sosiaali- ja terveydenhuollon saumattoman palveluketjun ja sosiaaliturvakortin kokeilua koskevaan lakiin (811/2000) perustuvan Uudenmaan aluehankkeen (UUMA) arvioinnin johtoryhmä, Harri Sintonen, 01.01.2006 → 31.12.2006, Finland

Yrjö Jahnssonin säätiön tieteellinen valiokunta, Harri Sintonen, 01.01.2006 → 31.12.2006, Finland

Dehkon 2 D-hankkeen tieteellisten tutkimusten koordinaatio- ja tukiryhmä, Harri Sintonen, 01.01.2007 → 31.12.2007, Finland

Helsingin ja Uudenmaan sairaanhoitoliiton kuntayhtymän valtuuston varajäsen, Harri Sintonen, 01.01.2007 → 31.12.2007, Finland

Sosiaali- ja terveydenhuollon saumattoman palveluketjun ja sosiaaliturvakortin kokeilua koskevaan lakiin (811/2000) perustuvan Uudenmaan aluehankkeen (UUMA) arvioinnin johtoryhmä, Harri Sintonen, 01.01.2007 → 31.12.2007, Finland

Yrjö Jahnssonin säätiön tieteellinen valiokunta, Harri Sintonen, 01.01.2007 → 31.12.2007, Finland

Dehkon 2 D-hankkeen tieteellisten tutkimusten koordinaatio- ja tukiryhmä, Harri Sintonen, 01.01.2008 → 31.12.2008, Finland

Helsingin ja Uudenmaan sairaanhoitoliiton kuntayhtymän valtuuston varajäsen, Harri Sintonen, 01.01.2008 → 31.12.2008, Finland


Yrjö Jahnssonin säätiön tieteellinen valiokunta, Harri Sintonen, 01.01.2008 → 31.12.2008, Finland

Dehkon 2 D-hankkeen tieteellisten tutkimusten koordinaatio- ja tukiryhmä, Harri Sintonen, 01.01.2009 → 31.12.2009, Finland

Helsingin ja Uudenmaan sairaanhoitoliiton kuntayhtymän valtuuston varajäsen, Harri Sintonen, 01.01.2009 → 31.12.2009, Finland

Sosiaali- ja terveydenhuollon saumattoman palveluketjun ja sosiaaliturvakortin kokeilua koskevaan lakiin (811/2000) perustuvan Uudenmaan aluehankkeen (UUMA) arvioinnin johtoryhmä, Harri Sintonen, 01.01.2009 → 31.12.2009, Finland

Yrjö Jahnssonin säätiön tieteellinen valiokunta, Harri Sintonen, 01.01.2009 → 31.12.2009, Finland

**Participation in interview for written media**

Lei Zhang ,
Interview with Qingdao Evening Newspaper Journalist, Lei Zhang, 14.11.2007, China

**Participation in radio programme**

Jaakko Tuomilehto ,
Yle Radio Yksi, Jaakko Tuomilehto, 30.05.2008, Finland

Lei Zhang ,
Guest lecture at Qingdao Radio broadcast, Lei Zhang, 14.01.2008, China

**Participation in TV programme**

Jaakko Tuomilehto ,
Televisionaastetelu, Jaakko Tuomilehto, 08.04.2005, Finland
INTERNATIONAL EVALUATION OF RESEARCH AND DOCTORAL TRAINING
AT THE UNIVERSITY OF HELSINKI
by CWTS, Leiden University, the Netherlands

Research Group: Qiao Q

Basic statistics
- Number of publications (P): 344
- Number of citations (TCS): 7,994
- Number of citations per publication (MCS): 23.76
- Percentage of uncited publications: 19%
- Field-normalized number of citations per publication (MNCS): 3.38
- Field-normalized average journal impact (MNJS): 1.86
- Field-normalized proportion highly cited publications (top 10%): 2.88
- Internal coverage: .86

Trend analyses

Collaboration

Performance (MNCS) by collaboration type
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Research profile

![Research profile chart](image-url)