

The Finnish Diabetes Association welcomes the opportunity to contribute to the European Commission's initiative on a Council Recommendation regarding health checks for cardiovascular diseases: an EU approach to early detection and screening. We appreciate the Commission's commitment to strengthening prevention and improving population health across Member States.

Drawing on our long-standing experience in prevention, early detection, and lifestyle interventions for individuals at increased risk of type 2 diabetes and cardiovascular diseases, we wish to highlight several considerations relevant to the development and implementation of this Recommendation.

Public health measures should integrate health checks into existing national systems and care pathways. Health checks should be directed toward population groups most likely to benefit and should rely on validated risk assessment tools—such as the Risk Assessment Tool for Chronic Diseases (available in Finnish at www.diabetes.fi)—to identify and engage individuals at elevated risk. It is equally important that health checks adopt an integrated, person-centred approach. As recognised in the Safe Hearts Plan, cardiovascular diseases are closely linked with other major non-communicable diseases (NCDs), including diabetes, obesity, and chronic kidney disease. An integrated model supports earlier detection, improved outcomes, and more efficient use of healthcare resources.

To maximise the impact of public health interventions, health checks should be embedded within existing national structures to avoid unnecessary strain on healthcare services. Furthermore, health checks should not focus solely on clinical parameters; they must also emphasise health promotion, lifestyle support, and high-quality preventive care. Finland benefits from comprehensive health data sources—including administrative registers, population surveys, and quality registers—which provide a detailed understanding of population health and risk factors. These data show that most individuals have had their blood pressure, cholesterol, and blood glucose measured. However, a significant proportion still do not achieve recommended treatment targets.

Screening and risk identification generate meaningful public health benefits only when individuals have access to appropriate lifestyle education, follow-up, and treatment. Screening must therefore be linked to effective clinical pathways and preventive services. The primary challenge is not insufficient screening coverage, but rather the limited availability of preventive services, insufficient lifestyle education, and suboptimal treatment outcomes among those already identified as at risk.

Targeted screening—based on disease burden, risk factors, and population characteristics—enhances both health outcomes and cost-effectiveness. Validated risk algorithms can identify these groups while also educating and empowering individuals to take proactive steps to prevent disease. The Finnish Diabetes Association stands ready to support the Commission and Member States in advancing evidence-based, integrated, and equitable approaches to early detection and prevention of cardiovascular and related chronic diseases.