

M E M O R A N D U M

TO: Russ Luepker
FROM: Henry Blackburn
DATE: May 24, 1977

RE: Community Program Write-Up

The write-up is much improved--the introduction might indicate a little more sufficiently the advantages of the community over the medical or MRFIT models for primary prevention. The objectives are fine, specific aims are needed. The background for each section must be reduced to a succinct paragraph and the rest of the background material thoroughly edited and put in an appendix.

As you indicate the design, methods, results and importance of the Stanford and North Karelia projects are missing.

The previous work of the investigators I acknowledge as my role to describe our community organization for the Seven Countries Study, our intervention efforts in the diet-heart and physical activity study and 2S-P trials, and our screening and intervention efforts for LRC, HDFP, and MRFIT.

Subsections on methods requires a more complete assimilation by us of the materials in the background sections and a rewriting of the methods sections by one author, presumably yourself.

We agree on the need to avoid the zero-based idea throughout for characterization of individuals or communities. We agree on the need to impress our colleagues that there cannot be an infinite or open-ended series of characterizations or alternative strategies. We agree that they must either come up with models of how we will proceed with the various characterizations found. Otherwise, we will be in the position of having to rely on our own sense or on outside consultation to formulate these strategies.

The application requires that we anticipate the outcomes of the community descriptions and those of individual attitudes and knowledge, and that we outline strategies for the anticipated alternatives. In no way can we expect to get support for a "non-program" of health education and community research, nor is the laboratory prepared to move ahead without more definition.

Our friend in New York who is anxious to be a consultant and our Stanford friends I anticipate should be invited for mid-June. (I'm a little concerned about the financing of some of our group to go to them.)

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We more or less agreed on the time table which would give us a fairly complete first proposal by the first of July, presumably to be missing an extensively-developed media campaign. Our plan is then to meet and discuss and revamp the proposal during the summer months, the two of us together with occasional meetings with colleagues. The plan is to work with Jim Bishop in the summer on the media program and perhaps getting a kick off of interest based on the importation of some of the Stanford people. I think we should make tentative plans for the Stanford consultation soon because I feel the need for our behavioral and communications colleagues seeing the intellectual and practical possibilities of this program.

I will inform myself in the next week on the status on Minnesota's legislation and the more appropriate NIH deadlines.

We agreed that the summer activities should include exploration of the resources, facilities, and experience and contacts in anticipated local communities for the program.

Long-term considerations involved fall back positions for various degrees of funding which needn't be elaborated here and the importance of developing intellectual activity in association with this main theme of behavior change on the community level. This intellectual activity should be translated to research proposals which would improve our knowledge, our base, our credibility, and our staff experience for the major theme.