

October 1, 1975 DRAFT

MINNESOTA HEART ATTACK PREVENTION PROGRAM

Objectives:

- 1.) To reduce morbidity and mortality in coronary disease and stroke in ~~all~~^{total} communities.
- 2.) To test health education methods ⁱⁿ ~~and~~ achieving goal 1.

BACKGROUND

Minnesota is a state blessed with a great natural resource of common sense folks. It has a tradition of progressive ideas and concern for the health of its people. Minnesota is the center of important activities in nutrition, agriculture, behavioral science, and public health; all applicable to the modern social burden of fatty artery disease. It therefore seems that Minnesota is historically and actually situated to make a unique contribution to the improvement of health and the reduction of coronary disease and stroke.

Minnesota has been centrally involved in the classic and important demonstrations that certain cultures are relatively free from the complications of fatty arteries, that is, heart attack and stroke, and that other cultures have as much or more than ours. Minnesota has been centrally involved in the identification and measurement of the contribution of individual physical characteristics to future risk of heart attack and stroke, within individual cultures. Minnesota has been centrally involved in studying the mechanisms whereby the characteristics associated with risk may be fundamentally ^{causal} particularly in the areas of lipid metabolism and hypertension. Minnesota has been centrally involved in the development and large scale application of techniques for describing the disease burden in the community, the distribution of risk characteristics for heart disease and stroke, and most recently in methods of effective group intervention to reduce levels of risk ^{and in} development of skilled medical ₁

center models.

Minnesota now has the opportunity for the development of equally effective models for community approaches to the general health. There are at least two precedents for intervention on the community level in the particular field of fatty artery diseases. One is the North Karelia project, in which the author participated as initial organizer with W.H.O. in 1971. This area of the highest heart attack and stroke rate in the world has instigated a community-wide health education campaign and risk detection program with modification of life style, and modification of food sources at the industrial level. It is proceeding with moderate success in altering health related behavior. The Stanford Three-Towns Study in California is completing its third year in which the effect of surveying for risk factors plus a program of health education using mass media, and personal counselling among high risk families, have been tried with remarkable success.

Minnesota could be the first major community effort to begin after these two and would have the following potential for unique contributions:

- 1) The development of a state-wide program.
- 2) The relative efficiency of intervention in small vs. large communities.
- 3) Involvement of an enlightened and strong food industry in the provision of appropriate food sources and innovative marketing techniques.
- 4) The contribution of a school educational program to involve youth.
- 5) The contribution of a physical activity program.
- 6) The possible involvement of local Departments of Health.
- 7) The involvement of students in the University of Minnesota School of Public Health and Medical School.
- 8) The training of graduate and post-graduate medical personnel in the community intervention in public health.
- 9) The development of a staged program entering communities sequentially.

- 10) Involvement of existing community structures and opinion molders.
- 11) The involvement of existing community volunteer activity.
- 12) Establishment of an effective statewide mortality-morbidity surveillance program.

The title might also be unique! "Minnesota Multirisk, Multimedia and Multi-strategy Project" in other words, the 4M project (if 3M wants to pay for it, we'll cut off one M!).