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TWIN CITIES

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*Conges - Torgesen*

February 3, 1982

Dr. Curt Furberg, Director  
Clinical Trials Branch  
Division of Heart & Vascular Diseases  
National Heart, Lung & Blood Institute  
National Institutes of Health  
Federal Building, Room 216  
7550 Wisconsin Avenue  
Bethesda, MD. 20205

RE: May 4: Society of Clinical Trials

Dear Curt:

The point I am making about Jack Farquhar is that he is the person who has done the most thinking about community research and demonstration projects, is the original American investigator in this field, is the person who has put together social learning issues with disease prevention and health behavioral issues in an integrated whole and with tight evaluation and design. This made a significant advance over the Finnish approach. I guess I think it would simply be very strange, to the point of lack of credibility, not to invite the person who originated this research in this country and who knows most about it to make a presentation and to participate in the discussion. He will also understand the role of the Society of Clinical Trials in a way that Richard Carleton would not. We're not talking here about protagonists and antagonists, I hope, but about informed presentation and discussion. I hope you can and will recruit him with enthusiasm, indicating the importance of the professional forum.

I am also concerned that if you get a conventional statistical type of analyst, a person not well versed in quasi-experimental design, that most of the design and analysis discussion will be inappropriate and a waste of time. I would think it appropriate to put down in writing what the discussion is to be about; i.e., community research and demonstration projects in chronic disease prevention and health promotion, those involving integrated educational strategies, quasi-experimental design, analysis and evaluation. Tom Cook's number is 312/492-3379.

I guess I would be uncomfortable if the discussion hinges around traditional ethical issues of clinical trials as applied to randomized units in communities or around statistical design that involves randomization. I think it appropriate to suggest "better" sampling procedures for community trials but should not the main discussion be addressed to the designs now in use,