



UNIVERSITY OF MINNESOTA
TWIN CITIES

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Copy to what Exec. Bd.

November 23, 1982

*cc: Joseph Stokes 11/83/88
Clare Stone
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TO: MHHP Executive Board

FROM: Henry Blackburn

SUBJECT: Dallas Presentation to Claude Lenfant (as it would have been made if Jack Farquhar had not usurped the whole discussion)

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The Minnesota Heart Health Program is on target. We have done what we said we would do. Our communities are involved in the project as full partners. There is a great general awareness of the program and its objectives in the educated communities. There has been a large exposure of health professions, face-to-face exposure of the two thirds of the population is well underway. The community has clearly been influenced. The school system has clearly been influenced. Community-based structure for the program is underway. All these contribute to the likelihood of positive effects. We think that populations are ready to make changes in their health behaviors. We envisage effects on all cardiopulmonary diseases. We envisage reaching the marginally motivated in our communities and that the combined effects will be synergistic. We will clearly answer questions about whether the communities can be changed as a result of education programs. The contributions of MHHP will be to do what CCSP wants to do, in fact, what we have been doing for several years, i.e., a dynamic epidemiology of trends. We are developing and exploring methodologies for CCSP and for WHO Monica Program. We are developing plans to pool our endpoint data. We are actually doing something about the known causes of illness in the community. The total effort is highly appropriate when put up against the costs of trials on angioplasty and enzymes.

Other contributions to new knowledge that NIH should profit from in these studies are the ability to carry out and evaluate work-site and professional education programs, to establish the roles and to activate voluntary agencies, the science of media effects, cost-effectiveness, a clearing house function, serving the nation in technology in this area of surveillance and behavior change. Contributing to real primary prevention efforts in the presence of current findings on toxicity of mass drug treatments.

/jml