



UNIVERSITY OF MINNESOTA TWIN CITIES

Laboratory of Physiological Hygiene School of Public Health Stadium Gate 27 611 Beacon Street S.E. Minneapolis, Minnesota 55455

February 22, 1982

TO:

David Murray

FROM:

Henry Blackburn

RE:

Promoting Health Behavior in Children

This appears to be a well thought-out proposal, impressively presented. I have penned a number of comments. The long PA methods section $\underline{\text{must}}$ be cut back for readability.

I suspect you don't want to be obnoxious in criticizing existing education in these areas. This, however, and a more effective listing of comparisons between existing and desirable activity and eating patterns (and training) for the young would be more effective, I suspect, than your somewhat incomplete (superficial?) review of adult risk. The great need for early development of lifetime patterns doesn't come through strongly. Small changes and additions should be easy here. The application represents hard work and much experience and I imagine this will be recognized.

Please note my points to Cheryl about:

- 1) mentioning no additional space needed,
- 2) need of a page of detail on replacement of existing percent efforts by faculty and staff if the proposal is accepted,
- 3) the extreme sensitivity of the pediatric community to "blood pressure screening" in youth which requires change in terms, procedure and orientation. "BP Survey" for scientific purposes is OK, BP education as involvement may be OK if the strategy is explained. BP screening to determine individual rank, informing participant of excess risk, and specific counseling for his excess risk is considered unethical. This is because, except for adult levels of hypertension, the tracking of individual children's values is highly unreliable, the real future risk is uncertain, and there is no conventional, accepted therapy.

HB/ljb
Enclosure
pc: C. Perry (set 1/2)