

*copies - MHHP reports*

November 1981 MHHP Retreat -- HB Comments

After six years of active planning and sixteen months of working together, we've arrived at completion of the two baseline surveys in Mankato and Winona, the opening of the first community education program, and we are all well underway on all fronts. We can all take satisfaction in having gotten so far.

Administration of MHHP is moving forward and we are making progress in getting accounting up to date. Because of our liberal policy of allowing an all-out effort for Mankato education and survey and other activities, we are facing a sizable predicted deficit. So we will all be feeling promptly the influence of that, requiring our working more efficiently. The MHHP study is directed by an executive committee which meets once or twice weekly and is working together effectively, but a board which meets less often and addresses policy, and a scientific advisory group that comes once a year to evaluate progress and help us with major design considerations are also active. All along the line we have been examining ourselves, recognizing, we think, what's not working and facing the needs.

In the Mankato educational program, by heavy work and heavy schedules of planning and training and pre-tests, we have what is a most unique health education and screening process. Those who have gone through it report a positive experience, the causational effects of which are now being evaluated in more substantial terms.

Our community campaign opened with a series of events including workshops for physicians and spouses and the advisory board. The media campaign began with a tabloid of good quality which was inserted into the Mankato Free Press, and a TV special which is going to be repeated in January after revision. Vigorous activity is beginning on the part of the community advisory board now organizing itself into task forces on smoking, physical activity and eating patterns.

We have an excellent Mankato staff that is taking initiative. The school program is moving ahead on schedule; the senior program has a protocol ready and adult classes are beginning. Our initial contacts are underway in Fargo-Moorhead and the Twin City suburb has not yet been chosen, so as not to raise expectations early.

In evaluation, surveys have vastly improved in their operation, response rates and quality control and we will soon be reporting the results of those

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surveys. Evaluation of the educational process is moving forward and we will hear today results of the opening campaign and of the health education center.

The staff generally is increasingly involved and have been receiving increasing professional satisfaction. I'm optimistic that we'll all have more satisfaction as we begin to see the results and our operations become more established and routine. There is generally more of a problem-solving rather than a problem-blaming approach, and there is more humility on all sides as it is seen we all make mistakes in such a heavy and complex operation. We've found that we are not the world experts on health education communications, but we've recognized our opportunity to become so.

Other areas that need strengthening are in our communications. We have excellent working groups addressed to particular problems, but communication between groups is insufficient. In addition to these retreats, we are thinking about other ways to improve that and will re-establish our general meetings on special subjects. As usual, we need clearer job descriptions, more delegation of responsibility, but better supervision. We need better timelines to reduce a crisis approach to problems. We need many fewer memos and more personal visits and phone calls. We each need to re-examine whether we are truly giving our needed proportion of effort and to identify and solve our problems.

The future of the Laboratory depends much on this project--our credibility, accountability and performance. I suspect that never in the history of preventive efforts have so many people been given so much opportunity (and so much money). Research careers of faculty and professional preparations, attitudes and opportunities of staff will be enhanced (or otherwise) based on our performance in the next period. What we do today will become our opportunities tomorrow. We are under scrutiny externally for budget cuts. Based on realistic assumptions that we are getting better, I don't think NIH will be taking anything major away from us. But we will have to learn to live with a substantial cutback in addition to inflation. It is my understanding that major cutbacks at NIH will attempt to be met by reducing intramural program and contracts, trying to hold the line on our type of research and training activity.

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Other cutbacks at the national level have profoundly affected our state; state ones have affected the University; the University cuts affect the School; and the School cuts are now affecting us. We are assuming that the School of Public Health will not be cut back further in the next round of anticipated cuts because we have the highest ratio of income earned for the state from investment by the state. The state would be cutting off its nose to spite its face to cut us back. However, this is not certain. The Dean, because of erosion of our permanent support and a decrease in anticipated federal soft funds and "cash flow", anticipates making up a budget deficit for the School of Public Health this year. He has indicated that he will not take more out of our apportionment. We will have a state of the Laboratory economy review the day before the end of the year. I think the message will be that we must be thankful for what we have, we have earned it, and I am sure we'll continue to do so.

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