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TWIN CITIES

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*Comes - Luepker*

May 21, 1982

TO: Russell Luepker  
FROM: Henry Blackburn (L. Greene)  
SUBJECT: Design and Operational Issues for MHHP

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Design and operational issues raised by increasing community activation, participation, and "ownership" of the program.

Dr. Carlaw's presentation of the issues in community-based programs identified questions of (1) the levels of acceptable and effective involvement of community groups and (2) the allocation of "ownership" of the program between the community and the University.

It was agreed that the ideal approach would be one in which the University ceded as much of the initiative and responsibility for the service and product delivery components of the program as possible, while the University maintained responsibility and control over the scientific aspects of the program.

The concern expressed by staff with pursuing this ideal was that the community might decide after taking "ownership" of the program to shift their priorities to alcohol or something else besides heart disease. This scenario was challenged as likely only if the "ownership" were vested in a single agency or sector (e.g., city government). A more likely scenario is that multiple organizations, public, private and voluntary might be expected to respond to the "demand" created by the initial MHHP community education efforts.

Methods for measuring change in community involvement and changes in community norms and values for cardiovascular health were discussed. Dr. Carlaw had prepared a matrix of questions that could be added to the population surveys. Emphasis was laid by the discussion on that side of the matrix that would ask respondents for their perception of the values and norms of closer friends, associates, peers and people they admire rather than that side of the matrix that asks about perceived norms or changes in the community at large. This emphasis would take maximum advantage of individual perceptions from the population surveys without overburdening them with questions of lesser importance in affecting behavior. But even greater emphasis was laid on the need for measuring change in institutional, organizational, economic and social environmental arrangements, resources, services, products and commitments.

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New Federalism

WHO initiatives in Primary Health Care and community involvement. Federal initiative in disease prevention and health promotion defines health promotion as "any combination of health education and related organizational, economic and environmental supports for behavior conducive to health."

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