



UNIVERSITY OF MINNESOTA  
TWIN CITIES

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

March 31, 1980

Dr. John Eusterman  
Mankato Clinic  
501 Holly Lane  
Mankato, MN 56001

CONFIDENTIAL

Dear John:

It was most gracious of you to receive us and take us to lunch at the Mankato Golf Club. We were charmed by your reception and generally pleasant and progressive atmosphere in Mankato. It is our hope that Mankato may turn out to be the first of a series of several major Minnesota communities interested in organizing itself for a primary preventive effort on heart attack over the next decade. I will still try to change my obligations to the American Heart Association in Dallas, to be with you on April 11, but Dr. Luepker can do the job.

The general prevention idea we want to suggest for a few Minnesota communities is a combined effort using multiple strategies as more efficient than any one alone. What we would encourage, in a systematic, continuing way, is that Mankato consider organizing itself in a broad program for improvements in health behavior along lines recommended by the Heart Association and accepted practice. The uniqueness of the program in Mankato would be bringing all the elements of the community and the multiple strategies together, continuity over a period of years, the strong involvement of local facilities and local staffing, intimate collaboration with a University group here for advice and program plans, materials, procedures and concepts. Analysis and evaluation of program effect would be on-going and significant economic support from us here would come for Mankato to develop a program as the first Minnesota community to adopt heart healthy behavior (to match its "All-American" status).

In thinking and planning for this sort of idealized community approach to heart attack prevention, obviously many elements in the community will need to be involved to include the medical community (accounting for our contacting you first), the community leadership, major community organizations, media sources, school administration, and other health agencies and the staff at Mankato State. You will undoubtedly think of others. Because of your background in the Heart Association and your interest in this area, we want first to explore the medical interest and support for the idea. We are very grateful for your arranging a presentation to the medical staff you think appropriate in the clinic or in the hospital. Your family practice colleagues, nurse educator and nutritionist would be appropriate. Would you also think it appropriate in the next weeks to have lunch with a very small group of other community leaders? Would you be able to suggest the composition of such a group? I would personally feel more

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comfortable if there were only two or three of us and four, five or six of you for the initial discussions. Say a few key people who have the pulse of Mankato under their fingers, who have a general interest in public affairs including health matters, and who represent the medical, the educational, and the business and professional leadership of Mankato. A major presentation to a larger community group at this stage would not be appropriate while we're all still exploring the interest and feasibility of joining forces with Mankato in such a program.

With respect to the details of the ideas we have put together for professional education, medical involvement and community education, these questions might best await our presentation to your staff. Our timing would be to explore the interest of such leaders in late April or early May. Our NIH funding would begin in July this year. A survey in Mankato would be established in the fall for baseline risk characteristics. Then, if the community were receptive, the general prevention education program would begin in 1981.

I'm sure we both have a realistic appraisal of how far the medical community can go in this economically and strategically untested area of primary heart attack prevention--helping people change health behavior early, through education. We are not expecting that this would affect the workload of Mankato physicians generally in any way, but would hope that one or two people in your clinic might come to take an active interest in working with us to develop the medically related aspects of this, such as in your hypertension clinic, in nutrition counseling, possibly in preventive practice in family practitioner offices, and so forth.

We recognize that many stages of discussion, and of sharing ideas, and of negotiations must take place before further decisions are made. We are nevertheless pleased with our sunny lunch in Mankato and do hope this might develop into a project involving medical, personal and community pride in Mankato if we can together bring it off.

It might be well that we not broadcast this potential widely, but should meet as soon as you think it appropriate with community leaders, after the medical group is involved.

Cordially,



Henry Blackburn, M.D.  
Professor and Director

HB:kr

bcc: MCPP Executive Committee  
Dean Lee Stauffer