I think we have learned a great deal from this process and profitted from your concepts, suggestions, questions and criticism. You have new ways of looking at what we have looked at which are illuminating. In turn, maybe you have come to think more than usually about the design and role of demonstration projects in contrast to classical hypothesis testing with randomized design. Maybe you have enjoyed to see how the approach suggested for Minnesota contains some of the power of traditional analysis in person-years experience plus the power of repetitions in successive town pairs. Much can be learned of the methods feasibility and effects of a reasonable systematic community education program. Much information needed for chronic disease prevention programs can be filled in and significant spin-offs will occur in pretest and ancillary studies to this major demonstration.

You have also helped us in several areas in which we have struggled, for example, in the transposition of the conceptual framework to the educational program, the feedback of evaluation to the modification of the educational effort. You have provided greater awareness of how we might measure important changes in community institutions as well as individual and family relations. You have helped us to think about how we can be more innovative in these measurements. You have faced with us the interesting issue of how much of our delta, i.e., our disease rate differences could be related to so-called secondary prevention effects. You have helped us consider how we can be more innovative in professional education.

We feel we have submitted a program proposal with major components of administration, education and evaluation. We have tried to provide while you are here a breakdown for your deliberations according to the project numbers and subjects devised by DRG staff, which we had proposed in an integrated form, not a program project proposal.

We believe we should move ahead with a reasonable and promising program and a unique opportunity to observe, document and test strategies in a community experiment or demonstration, each aspect of which would be less complete and less useful if undertaken in isolation. We are grateful for your hearing and it has been a good one. We obviously would like to have done better in areas that you have pointed out. But I'm sure you have seen that we are capable of recognizing our fallibility, of hearing, of learning and probably of changing to improve the program. Research should always be a continuing process of evaluation of the evidence and of self-evaluation. We feel the need for you as reviewers to consider the large needs of effective transposition of research knowledge to the public health and the crucial role of such demonstrations. Again, we are most appreciative of the time and thought you have given to the review of our program.