



UNIVERSITY OF MINNESOTA  
TWIN CITIES

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

*corres - Farquhar*

May 7, 1981

John Farquhar, M.D.  
Department of Medicine  
Stanford University  
Room S-005  
Palo Alto, CA 94305

Dear Jack:

We are looking forward to your upcoming visit in two weeks. We enclose a very brief and perhaps insufficiently revealing continuation report. However, it should be the easiest way for you to get caught up on our general progress.

Overall, we are pretty much on target with staff and operations. A recent retreat suggested that we are very much on line with the things that we are going to have to deliver immediately in the first educated community and in our survey operations. We are now appreciating that significant gaps exist in quality control and data collection which are being filled, and in plans and community contacts for the direct education of adults in the first educated community beyond one "minimal" screening contact. There are the usual problems of communication within the health education group and between education and evaluation groups. However, none of this is of serious proportions and there is good will and action being taken all along the line.

We have had extremely smooth sailing entering our first educated community, Mankato, and our initial contacts in the second educated community, Fargo-Moorhead, are moving remarkably smoothly, facilitated by strong and interested medical colleagues.

We are pondering a design change that we would like to discuss with you which would consider increasing the number of reference communities and decreasing the frequency of surveys. This would broaden the base of our comparison experience, presumably reduce the repetitive influence of annual surveys in the reference communities (whatever intervention effect that might have), and would reduce the too-obvious "paired community" aspect in which some communities become aware and even antagonized by their "control" status. This is only a thought that has not been thoroughly worked out as yet.

John Farquhar, M.D.

May 7, 1981

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We have the upcoming issue of the increasing technical exchange between the existing funded NIH community demonstration programs. We have all been proud of our individual models, strategies and methods, as well as our different populations. The Coordinating Committee headed by NIH, from whence come the coordinating funds, will undoubtedly result in the diminution of differences in educational matters beyond the endpoint surveillance. It will almost certainly result in our borrowing from each other, to the extent that is possible, the more successful elements of our educational programs. We would like a brief consideration of this matter—whether it significantly reduces inference from repetitions, or whether it is not terribly important.

We also need advice on how to handle major public health controversies and recurrent negative reports such as the current Consumer Reports on diet. We need advice on how to deal with groups that want to move ahead in the community but with which we are uncomfortable professionally (such as chiropractors), and we need consideration of noncomparability of reference and educated communities. Finally, we need advice concerning a public figure to serve on the Advisory Board.

In the next days we will formulate for you some other questions that we will want to consider.

Upon your arrival in Minneapolis on May 19th (Northwest #154 at 4:15 p.m.), you will be met at the airport by Dr. Henry Taylor. Transportation back to the airport on the 20th will also be arranged for you.

Cordially,

Henry Blackburn, M.D.  
Professor & Director  
Principal Investigator

HB:rd

Enclosures

pc:MHHP Executive Committee, Section Heads

Colmes - Farquhar



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September 4, 1981


John Farquhar, M.D.  
Department of Medicine  
Stanford University  
Room 5-005  
Palo Alto CA 94305

Dear Jack:

I saw this week of your participation in the Pritikin Symposium in October. I noted this week Art Leon's being requested to participate in your Stanford conference and provide a publication, under sponsorship by Shaklee. I'd be grateful to follow the evolution of your thinking, which is obviously more "advanced" than mine. I could understand when Ben Spock threw over the establishment for a very good reason, but I simply thought my Stanford friends would not depart the establishment so dramatically. I am increasingly, not less concerned, not to be associated with the commercialization of eating pattern messages, and particularly at the level of fanaticism of Pritikin. I am only vaguely aware of Shaklee, but aren't they number one pushers of supplements and vitamins?

So let me know what you're thinking so that I can understand. In my view, Pritikin's "results" can be admired but he can't be given scientific credibility. He is quite mad.

Regards,

  
Henry Blackburn, M.D.  
Professor and Director

HB:mbt

Enclosure

Stadium Heartline  
#4



**Stanford  
Heart Disease  
Prevention Program**

School of Medicine  
Stanford University  
Stanford, Ca. 94305  
(415) 497-6051

*Cable now sent 10-7-81 12:30pm US*  
*Happy tenth!*  
*And another ten more!*  
*Blackburn + MHP staff*  
*colles - Farquhar*

September 24, 1981

Henry Blackburn, M.D.  
Professor and Director  
Laboratory of Physiological Hygiene  
School of Public Health  
University of Minnesota  
Minneapolis, MN 55455

Dear Henry:

On October 7, we will celebrate the tenth anniversary of the Stanford Heart Disease Prevention Program. Because of your warm and sincere support of our group and its endeavors over the years, I am taking this opportunity to personally invite you to attend.

We would be especially happy if you could join us; however, we realize this invitation comes to you under circumstances that may make it impossible for you to do so. In the event that you cannot, please think of the invitation as a symbol and expression of our thanks to you for your past support of our activities.

We all look forward to many years of continued exciting growth and of maintaining our connections with all of our special friends. With best personal regards.

Sincerely,

*John*

John W. Farquhar, M.D.  
Professor of Medicine  
and  
Director, Stanford Heart  
Disease Prevention Program

JWF:tk



**Stanford  
Heart Disease  
Prevention Program**

School of Medicine  
Stanford University  
Stanford, Ca. 94305  
(415) 497-6051

*Corres. - Farquhar*

*9/23/81  
JW*

September 14, 1981

Henry Blackburn, M.D.  
Professor and Director  
Laboratory of Physiological Hygiene  
School of Public Health  
University of Minnesota  
Minneapolis, MN 55455

*pc Jerry & Ken -  
I'd look forward  
to similar pleasure  
in our production.  
HB*

Dear Henry:

Our group was interested in and appreciative of your excellent, far-reaching and thoughtful comments regarding our Heart Health Test. I took the liberty of distributing that memo of yours to our entire education group staff and will do the same with the comments regarding the exercise booklet. It occurs to me that in the future we might send you a draft before its final in order to hear some of your thoughts prior to putting the material to bed, so-to-speak. I will pass this thought on to our education group and would be interested in your views.

As you know, we had our site visit on the last day of July, then I left for a two-week vacation following that. Overall we were quite disappointed with the site visit; it appeared there wasn't sufficient time to really cover the issues and despite the state purpose of sticking to the financial matters, it seemed that most of the time was spent on review of our progress with comments on design and other things I thought we'd covered long ago. The most disturbing issue however was the presence of true dissonance between site visitors and our group regarding the budgetary matters which culminated in a statement by us that we made an error in our budget of a few hundred thousand dollars. This required some of us to stay up until 2:00 in the morning in order to report the next morning to the site visitors as they were writing up their report. It seemed to us that this episode imparted a flavor to the site visit that was unfortunate. I'll let you know as we learn more about the outcome.

Sincerely yours,

*Jack*

John W. Farquhar, M.D.  
Professor of Medicine  
and  
Director, Stanford Heart  
Disease Prevention Program

JWF:tk

cc: S. Fortmann

Corries - Farquhar



Stanford  
Heart Disease  
Prevention Program  
School of Medicine  
Stanford University  
Stanford, Ca. 94305  
(415) 497-6051

September 22, 1981

Henry Blackburn, M.D.  
Professor and Director  
Laboratory of Physiological Hygiene  
School of Public Health  
University of Minnesota  
Minneapolis, MN 55455

Dear Henry:

My understanding from a conversation with Bill Haskell is that he has given you the green light regarding the exercise booklet, and that a direct connection between Elizabeth Adler and Maurice Mittlemark seems to me to be the most sensible linkage. Please let me know whether or not this will be satisfactory.

✓ Sent  
10-2-81  
WB  
/mm.

On a different topic, I would like to ask how your group now fuses the granting of extra degrees to post-doctoral fellows? It is my understanding that many of your fellows do achieve an M.P.H. degree. If so, I'd like a few comments from you on the hurdles that are put in the way before the degree can be given. The reason I ask is simply that we have lost at least one good M.D. candidate because of our inability to grant the M.P.H. degree. Accordingly, I have discussed with Larry Green the ways that the degree may be granted; he has told me that the traditional route requires one to be accredited as a School of Public Health, although Yale has achieved this within a School of Medicine structure administratively. Under the traditional M.P.H. program I am told that one has a fair amount of classroom experience, which would not be attractive to us in our current format. He mentioned as well that there is an M.P.H. degree in Health Education and that this degree is now being offered by schools other than Schools of Public Health. This could be an option open to us.

Any ideas or comments you'd have on this issue would be greatly appreciated. Best personal regards.

Sincerely yours,

John W. Farquhar, M.D.  
Professor of Medicine  
and Director, Stanford Heart  
Disease Prevention Program

Henry Blackburn, M.D.  
September 22, 1981  
Page 2

P.S. The other topics you brought up in your recent memo will be covered rather extensively in a letter to be sent in a few days.

cc: S. Fortmann



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corres - Farquhar

September 29, 1981

John W. Farquhar, M.D.  
Professor of Medicine  
Stanford Heart Disease Prevention Program  
Stanford University  
Room S-005  
Stanford, CA 94305

Dear Jack:

With respect to the MPH degree and post-doctoral fellows, we keep it going for tax deduction purposes as well as for professional advancement. I think the best way of recounting the procedure is to send you copies of my and of Russell Luepker's training grant applications which are enclosed. The formal course work and reading courses and advisor relationships are set out therein.

I haven't the faintest idea how to go about getting such a degree established independently of a School of Public Health. I do know that some Schools of Public Health will grant degrees to individuals who take part or even most of their work in other institutions. Maybe you could work out an arrangement with the fairly relaxed people at Berkeley or UCLA, or even the School of Health at Loma Linda.

Since I am sure that you manage to get your people exposed to fundamentals of epidemiology and biometry one way or another, I don't think there should be a great deal of problem. Obviously you need to get your seminars accredited and listed in the staff bulletin, with course numbers assigned to them, so that much of your regular intellectual exchange would count toward formal training.

Other than that, I would think that old Ralph Paffenbarger would be the academic that could help set that up in collaboration with Berkeley or on your own at Stanford. You certainly have the ingredients of a School of Public Health within your remarkable faculty.

As far as going the route of accreditation, you would have to contact the Association of Schools of Public Health.

Art Leon returned very enthusiastic about the recent meeting and even about the sponsorship of Shaklee. It's a new world that I'm not progressing with very well, to be identified with food interests.



Maybe if I felt that I were a card-carrying nutritionist I wouldn't care, as they don't seem to. But not being one, I feel the necessity to stay very distant.

We think and hope that we're getting out from under some of our administrative problems. I was distressed to hear of your negative feeling about your site visit, and hope that something will come out of it. On the other hand, I was flabbergasted to hear you had done 4,000 exercise tests, which by any way of figuring it costs the government \$200,000 or more and I wondered whether that were a part of your program expenses. We've had to throw out very important cohort studies among our survey population, and long ago threw out the idea that we would be able to evaluate change in fitness by objective methods, because of cost.

I think it's likely that we're dropping money into other areas equally or more distant from our central goals than exercise testing, but one doesn't see one's own issues as clearly. It's been good to hear more from you recently. I missed you on my quick trip west during the summer when you were apparently on vacation.

Cordially,

Henry Blackburn, M.D.  
Professor and Director

HB:lr

enclosures

*HB's training grant application dated Sept. '81*  
*RVC's training grant dated Nov. '81*



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Carres-Farquhar

November 5, 1981

John W. Farquhar, M.D.  
Professor of Medicine  
Stanford Heart Disease Prevention Program  
Stanford University  
Room S-005  
Stanford, CA 94305

Dear Jack:

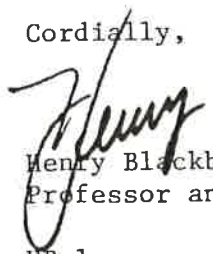
Bill Friedewald is happy to have lunch with us on Monday, November 16 in Dallas. We should meet at 12 sharp at the Conference Message Center. I guess I would like to suggest that the person staying at the hotel nearest the Convention Center arrange to have soup and sandwich sent up for 12:30, I am informed that my hotel, the Grenelefe, is within walking distance and will be glad to host the group.

You may have heard that the NHLBI has been scooped by the NCI in transferring all its clinical trials to "cooperative agreements." Should our strategy be to encourage NIH staff to develop a position paper to be submitted to the new NHLBI director when appointed, under the authority they now have to use this mechanism and suggesting they include the research and demonstration programs? On our agenda with Bill should be to consider what loss of freedoms there might be under this arrangement. I would think that our existing CCDS and demonstrated desire and framework for coordination would probably meet the basic requirements for collaboration with NIH under such agreements, though I am not familiar with the details. It is clear from Dr. Frommer's letter that action is not to be anticipated on his part.

On the other hand, another strategy might be to sound out the commitment of the new Director to maintaining funds earmarked for "our purposes" and then just stick with the present peer review grant system. I would be more comfortable with that if I felt that the new Director were strongly committed to continuing allocations in this area and would defend it before the Council and Congress. It might be well to consider both strategies.

Should we invite Dick Carleton to the lunch?

Cordially,

  
Henry Blackburn, M.D.  
Professor and Director

HB:lr