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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH
BETHESDA, MARYLAND 20205

February 12, 1981

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Our Reference:
R01 HL 25523-01

Henry Blackburn, M.D.
Laboratory of Physiological Hygiene
School of Public Health
Stadium Gate 27, 611 Beacon St. S.E.
University of Minnesota
Minneapolis, Minnesota 55455

RL
G.N. ✓ 2-25-81
JS.
N. Briggs.

Dear Dr. Blackburn:

We are pleased to inform you that the National Heart, Lung and Blood Institute Advisory Council at its February 5-7, 1981, meeting recommended approval of the program plan for the development of a Community Demonstration Programs Coordinating Committee (CDPCC) for the three community-based demonstration programs funded by NHLBI. The Council also approved supplementary funds to be awarded to your existing research grant for support of the Coordinating Committee's activities for the time and amount listed below.

The supplemental funds will be restricted for Community Demonstration Programs Coordinating Committee activities and will require prior NHLBI approval. This specification will be included in the supplemental Notice of Grant Award.

Dr. Elaine J. Stone will serve as the chairperson and Division of Heart and Vascular Diseases staff person for the Institute responsible for the Coordinating Committee and its activities. She will work closely with you and the other principal investigators in this coordinating effort.

Dr. Stone will be corresponding with you and sending you a copy of the program plan for the Coordinating Committee that was presented to the NHLBI Council. If you wish to discuss the supplemental funds for the Coordinating Committee or if you have any questions concerning this action, please write or call Dr. Stone at (301) 496-2465.

Sincerely,

William T. Friedewald, M.D.
Associate Director
Clinical Applications and Prevention Program
Division of Heart and Vascular Diseases

cc: A. Potomi

DIRECT COSTS RECOMMENDED:

Year	Amount
01	7,000
02	14,600
03	16,060



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February 11, 1981

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Our Reference:
 3 R01 HL 25523-02S1

Henry Blackburn, M.D.
 Laboratory of Physiological Hygiene
 School of Public Health
 Stadium Gate 27, 611 Beacon St. S.E.
 University of Minnesota
 Minneapolis, Minnesota 55455

*✓ 2-25-81
 PC to MCPA Exec. Fac.
 Circ 2 PC MCPA faculty.*

Dear Dr. Blackburn:

We are pleased to inform you that the National Heart, Lung and Blood Advisory Council at its February 5-7, 1981 meeting recommended approval of your research grant application identified above. This action was in concurrence with the recommendation of the Initial Review Group. The recommended years and approximate amount of support is listed below; however, some administrative adjustment may be necessary in the actual dates and/or amounts prior to the award.

The approved amounts and/or items may differ from those requested in your application. The specific budgetary changes that were recommended are identified on pages 14-17 of the Summary Statement. Adjustments also include a maximum six percent per year personnel escalation, as per National Heart, Lung and Blood Institute policy.

Although we expect to provide support for your project, this notice is provided for planning purposes only. No announcement or firm commitment should be made until you have received the official Notice of Grant Award.

In accordance with NIH procedures, we have enclosed a copy of the Initial Review Group's Summary Statement for your personal information.

If you wish to further discuss your proposal or if you have any questions concerning this action, please write or call Dr. Thomas P. Blaszkowski at (301) 496-1481.

Sincerely,

William T. Friedewald, M.D.
 Acting Chief, Preventive Cardiology Branch
 Clinical Applications and Prevention Program
 Division of Heart and Vascular Diseases

Enclosures

cc: A. Potami

DIRECT COSTS RECOMMENDED:

Year	Amount
02S1	299,342
03	366,121
04	573,980
05	538,748

SUMMARY STATEMENT
(Privileged Communication)

Application Number: **3 R01 HL25523-02S1**

Dual Review:

Review Group: **SPECIAL REVIEW COMMITTEE**

HPM

Meeting Date: **DEC 10-12, 1980**

Investigator: **BLACKBURN, HENRY W**

Degree: **MD**

Position:

Organization: **UNIVERSITY OF MINNESOTA**

City, State: **MINNEAPOLIS, MINNESOTA**

Requested Start Date: **07/01/81**

Project Title: **COMMUNITY PREVENTION PROGRAM FOR CARDIOVASCULAR DISEASES**

Recommendation: **APPROVAL**

Priority Score: **149**

Special Note:

HUMAN SUBJECTS INVOLVED - PROTECTION ADEQUATE

PROJECT YEAR	DIRECT COSTS REQUESTED	DIRECT COSTS RECOMMENDED	PREVIOUSLY RECOMMENDED	GRANT PERIOD
02S1	307,812	299,342	1,814,458	07/01/81 -
03	386,989	366,121	2,345,009	07/01/82 -
04	596,092	573,980	2,484,687	07/01/83 -
05	582,352	538,748	2,645,919	07/01/84 -

RESUME

This is a supplemental grant application for the Minnesota Community Prevention Program (MCP), which is a demonstration program designed to measure the effectiveness of a program of primary prevention in coronary heart disease. The program was reviewed one year ago and approved with considerable enthusiasm. The project seeks to compare mortality and morbidity charges in communities receiving intervention on major coronary risk factors with communities receiving no intervention program. A quasi-experimental design is used with matching of three paired communities, two small towns, two large towns and two suburban communities. One of each pair will receive educational interventions and the other will serve as a control. Comparisons of changes in risk factor levels and in cardiovascular mortality and morbidity represent the outcome measures. The intervention programs will be staged in successive towns and follow a sequence of screening, public education and behavioral intervention. The target groups include youth and adults. The design is complex, with a coordinated set of educational inputs that will be introduced into the three intervention towns in a staged sequence. Each intervention and evaluation component is critical to the success of the demonstration and implementation in all three communities is important to the study.

When the project was reviewed in November, 1979, most of the program components were enthusiastically endorsed as well as the overall study design and the staging strategy. However, budget reductions were recommended, particularly in the third through the fifth years of the project, a time when intervention would be underway in the first and second towns and being initiated in the third town. Particularly affected by the budget