



UNIVERSITY OF MINNESOTA
TWIN CITIES

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

Cous Perry

November 9, 1981

Cheryl Perry, Ph.D.
c/o Cambridge Inn
212 Riley Street
Surry Hills, Sydney,
AUSTRALIA

*for
(Nov. 17)*

*also sent
to Airport Hilton, Sydney
(Nov. 20)*

Dear Cheryl,

I tried to get back to you after our visit on the day of your departure but missed you. In line with my invitation to you to think of future areas of function and support so that we can integrate you more fully into the Laboratory and School activities and reduce your MHHP effort to something on the order of 50%, I would like you to consider very confidentially the following idea.

Among my roles as Chairman of the School of Public Health Working Group on Mission, Goals and Priorities (and the organization attendant to those changes), we, of course, continue to wrestle with the "problem area" of health education, health behavior, health promotion, research and training. The general strategy should be to accentuate the School's strengths in an innovative way while addressing the upcoming severe constraints of reduced state and federal budgets. Clearly the Dean is not going to be able to make a continued commitment to a small and fragmented program such as Health Education was. If Ray Carlaw couldn't make it go, the Dean is certainly not going to be able to arrange that it go better, on less money. The interests and skills of our faculty (LPH) are central, I feel, to the future of this field in the School and could be a vast strength and drawing card for the School. On the other hand, I don't feel that you and your colleagues have all the skills or dedication to all the aspects of training professionals in this area. The School is made up of our group which I suppose we might (exaggeratedly) split down the center in terms of long-term interest, programmatic and interventionist on one side versus descriptive-academic on the other. We have aboard Dr. Carlaw and Dr. Veninga in terms of traditional public health education and now we have the health care psychologists. I find it difficult to integrate them into any useful research or training strategy in the School because of their primary clinical service orientation, but I may be wrong.

It seems to me our best recourse is to bring a faculty together from the School and perhaps also from elsewhere on the campus that would contribute to a strong and attractive curriculum which would lead from, and express the uniqueness and strength of Minnesota's contribution to this field, and would attract good students. Where my thinking breaks down is an analysis of the market for masters level students versus doctoral level. At any rate, with the constraints of School funding and with the school's existing strengths I expect one good way to make

Cheryl Perry
Page 2
November 9, 1981

this go would be to have an active and effective coordinator of the faculty given responsibility for putting together the curriculum and coordinating the effort. Though I am not voicing this idea publicly, it would seem to me that you would be the best person in the School to carry out that function.

I would like you to think quietly about this and see whether this challenges you. It puts you at the level of doctoral education, and a greater integration with the School of Public Health. This should be healthy for us and for your career and support (assuming you seek a "balanced" academic career) in the long term. It would require some shift in emphasis from your activities now, which are so programmatic and will certainly involve certain constraints on your percent efforts and travel, if you assume a responsible and visible role in the School of Public Health. You would lose the luxury of being an "independent operator," but I suspect you may lose that anyway in this institution, which cannot afford it in the absence of any greater continuing academic support from the State.

I will go no further now 'til I have some indication of reaction on your part. My idea has entered into conversations with Maury on the long-term needs of the health education-behavior program for the School as a whole. He agrees with me that you would be the most effective person to put this together if this were in line with your career interests. I would imagine that this activity would have to be supported by the School of Public Health over and above our current support, so it would probably be a healthy one for the Laboratory and for you. I would guess offhand it might be something on the order of a 30 to 40% commitment for a year or two, perhaps dropping back, after the curriculum is developed and the first year of program is under way.

I wish you great adventures "down under." There is never a day without adventure here, as often tragic as pleasant.

Cordially,



Henry Blackburn, M.D.
Professor and Director

HB/bg