



UNIVERSITY OF MINNESOTA
TWIN CITIES

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

corrs:Stokes

May 7, 1981

Joseph Stokes, III, M.D.
Department of Community Medicine
University of California-San Diego
La Jolla, CA 92037

Dear Dr. Stokes:

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.

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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 19 (United #288 at 3:40 p.m.), you will be met at the airport by Dr. Russell Luepker. 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