

Berenson



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Division of Epidemiology  
School of Public Health  
Stadium Gate 27  
611 Beacon Street S.E.  
Minneapolis, Minnesota 55455  
(612) 624-5400

October 16, 1986

Gerald S. Berenson, M.D.  
Professor of Medicine  
School of Medicine in New Orleans  
Louisiana State University Medical Center  
1542 Tulane Avenue  
New Orleans, LA 70112-2822

Dear Gerry :

I was devastated to hear about the fated Bogalusa study funding. I certainly hope you'll put something together to continue this fascinating and important study. I am particularly puzzled by the lack of continuation of the research and demonstration program.

I have no brilliant ideas, but am sure you are aware that the Kaiser Family Foundation is interested in high-risk youth. You should visit them. They are also very interested to establish a regional center of health promotion in the South.

Cheryl Perry of our faculty is pretty close to the National Institute for Child Diseases and might be aware of other sources for funding on demonstrations for education in high-risk children.

I am dreaming of taking a month next spring in New Orleans (to get my lip in shape!) probably during the time of the Jazz Festival. If I do so, I'll certainly let you know beforehand.

Cordially,

A handwritten signature in cursive script, appearing to read 'Henry Blackburn'.

Henry Blackburn  
Professor and Director



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October 13, 1986

TO: Henry Blackburn  
FROM: Aaron Folsom *AFV*  
RE: Japan Collaboration

Henry, I would like to get your opinion about a potential study that we could perform with our Japanese colleagues. Hiroyasu Iso is interested in it, and I wonder what your opinion would be.

The Seven Countries Study showed that levels of CHD and the major risk factors were lower in Japan than in the United States. The Seven Countries Study did not evaluate hemostatic variables, such as platelet factors, factor VII, and factor VIII. While these are not convincingly implicated in cardiovascular risk, they do seem to be involved in the initiation of atherosclerosis and in the precipitation of cardiac events.

It seems to me that it would be worthwhile to look at the hemostatic side of atherosclerosis in Japanese versus Americans. We have an excellent mechanism to do this through the ARIC hemostasis laboratory and Dr. Iso. The director of the lab, Dr. Kenneth Wu, is interested. Furthermore, Dr. Komachi has reliable assays of plasma fatty acid levels. Since fatty acids seem to influence hemostatic factors, it would be important to quantify these.

What I would propose is to compare fatty acid levels and hemostatic factors, controlled for the major CHD risk factors, in a small population-based samples of Japanese living in Japan and Americans living in the U.S. (It might also be useful to examine some Japanese living in the United States, if we could find a suitable sample.) I envision this as a substantial pilot study, the results of which would be suitable for publication by themselves, but leaving open the possibility of a more definitive study later. I think it would be a useful complement to the Seven Countries Study to understand if hemostasis is different cross-culturally. We might also get clues as to the genetic, cultural, and dietary factors related to the hemostatic side of atherosclerosis.

I would like to get your opinion about this. If you think it sounds worthwhile, we could discuss it in more detail. I suspect we could start this off with a BRSG as well as funds from ARIC.

/ljb

cc: H. Iso

*Good!*  
*Print*  
*10 30*  
*AF*

**SCHOOL OF  
MEDICINE IN NEW ORLEANS**

Louisiana State University  
Medical Center

1542 Tulane Avenue  
New Orleans, LA 70112-2822  
Telephone: (504) 568-5845



BU-1507  
LSUMC

October 9, 1986

Department of Medicine  
National Research Demonstration Center --  
Arteriosclerosis  
Bogalusa Heart Study

Henry Blackburn, M.D.  
Professor and Director,  
Division of Epidemiology  
University of Minnesota  
Stadium Gate 27  
611 Beacon Street, S.E.  
Minneapolis, Minnesota 55455

*Reply on Page*

Dear Dr. Blackburn:

We were recently informed that our NRDC-A Program and the SCOR-A were not to be funded. We are very sorry to lose these programs, since we consider the long term Bogalusa Heart Study to be very important with much potential remaining to accomplish research on the early natural history of coronary artery disease and essential hypertension in children. We are grateful, however, for the 14 years we had to conduct the study. In all, we will have published over 300 articles, three textbooks, and four monographs from the SCOR-A.

The new research and demonstration program as the NRDC-A, "Cardiovascular Health Promotion for School Children", was started in June 1984. After recruiting new staff and beginning the program, we had one school year (1985-1986) to test a complete study in four schools. This summer, posttest data have become available to observe what we accomplished. We called the school program "Heart Smart", and it emphasized self-concept, growth and development of health education and approached the total school environment. A variety of areas were involved beyond examination of children and these included changes in school lunches and exercise programs, teacher training, a science curriculum to include cardiovascular health, as well as entry into a school system. We felt all of these were developed to a point of being very successful. Two models of intervention were developed, one for all children in an elementary school (K-6) and a second for high risk children and their families selected after cardiovascular risk factor screening. Interestingly, even during the development of the program, we are noting cardiovascular risk factor reduction in both models. This is somewhat unique for health education programs across the United States, since most are not attempting to measure risk factors, nor do they have the expertise that we gained from the Bogalusa Heart Study. Publications are now being generated from the protocols we developed. Unfortunately, this program was not reviewed favorably and our work in the schools begun in August had to be stopped.



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611 Beacon Street S.E.  
Minneapolis, Minnesota 55455  
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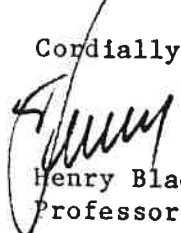
December 8, 1986

Dr. Gerald Berenson  
Professor of Medicine  
Chief, Section of Cardiology  
School of Medicine in New Orleans  
Louisiana State University Medical Center  
1542 Tulana Avenue  
New Orleans, LA 70112

Dear Dr. Berenson:

I was most happy to hear about your refunding. I won't ask details, but will just be pleased about it. I am sorry I have not been able to be more active as a consultant, but I will be happy to have you keep me on the list. I look forward to a visit to New Orleans next spring.

Cordially,

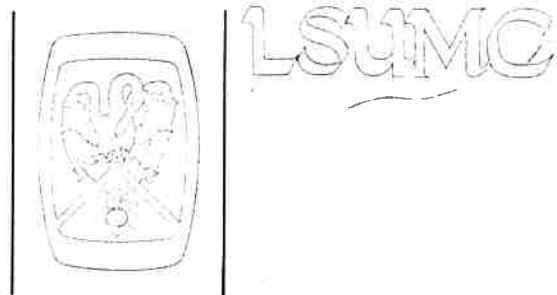
  
Henry Blackburn, M.D.  
Professor and Director

/lk

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Medical Center

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New Orleans, LA 70112-2822  
Telephone: (504) 568-5845



Department of Medicine  
National Research and Demonstration Center—  
Arteriosclerosis  
Bogalusa Heart Study  
Heart Smart

November 25, 1986

Henry Blackburn, M.D.  
Professor and Director  
Division of Epidemiology  
School of Public Health  
University of Minnesota  
611 Beacon Street, S.E. - Stadium Gate 27  
Minneapolis, Minnesota 55455

*pc G. Burke  
Reply on page 12/4*

Dear Dr. Blackburn:

We recently have been informed by NIH that two of our programs were selected for funding by the Epidemiology Branch. Fortunately, this has been provided for the next five years, and the level of funding will be adequate to continue the major studies in Bogalusa - The Post High School and Pathology Programs. The funding will be contingent on re-submitting a revised budget and a condensed grant proposal of previously approved projects and obviously, our annual performance over the next five years. Essentially we will be beginning with an R01 program in Epidemiology and will have to re-submit proposals for other areas. Those programs not being funded are the genetic studies, certain sub-studies, experimental research, and the Cardiovascular Health Promotion for Schoolchildren. This renewed program now allows us to continue major aspects of the Bogalusa Heart Study. The funded program will allow us to link children studies with the young adult period, a critical link lacking in our current knowledge of the Early Natural History of Arteriosclerosis. I feel that there are very important observations to be made on childhood risk factors and how they change in adulthood. In the young adults, we will be trying to document the actual emergence of clinical cardiovascular disease.

We will also have to give consideration of ways to continue the Demonstration and Education Program, the Cardiovascular Health Promotion for Schoolchildren - "Heart Smart". This program was almost completely developed and was already beginning to show a great potential for prevention by altering lifestyles and risk factors in children.

November 25, 1986  
Page Two

The R01 program and current budget will not provide for a fully active Advisory Board. Consequently, I would like to call upon you as a consultant from time to time. Your earlier help and guidance was greatly appreciated and invaluable to us. I hope that you will continue to have an interest in these children studies. Your support is really important to us.

I personally want to thank you for your encouragement.

With best regards.

Sincerely yours,



Gerald S. Berenson, M.D.  
Professor of Medicine  
Chief, Section of Cardiology  
Director, National Research  
and Demonstration Center--  
Arteriosclerosis

GSB/cac

BERENSON

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Louisiana State University  
Medical Center  
1542 Tulane Avenue  
New Orleans, LA 70112-2822  
Telephone: (504) 568-5845



LSUMC

Department of Medicine  
National Research Demonstration Center —  
Arteriosclerosis  
Bogalusa Heart Study

October 29, 1986

Henry Blackburn, M.D.  
Professor and Director  
Division of Epidemiology  
School of Public Health  
University of Minnesota  
611 Beacon Street S.E.  
Stadium Gate 27  
Minneapolis, Minnesota 55455

*PC C. Perry  
visit?  
11/4/86*

Dear Henry:

Thank you very much for the supporting letter.

I think it was an error to drop the Bogalusa program. Our Site Visit report read "support with considerable enthusiasm". We were just beginning to provide observations in the young-adult period to fill the gap from children to the age of Framingham. If we cannot get some sort of transitional funds, we might lost about four years of longitudinal data. Lenfant has kept us lingering for so long that I might lose all of our staff.

It is interesting to note what we accomplished in the school program. I thought we were very successful and well on the way to having a good program developed. We had only one year to test components of the program. This we did in four schools on a very limited budget and a Gramm Rudman cut. Importantly, we were already beginning to document risk factor reduction in children and parents. I think this makes what we did unique. Our group also developed a high risk model in addition to the general population model, and our protocol development was really getting into final stages to allow us to begin to test the entire program. The targeted schools became completely transformed: this included school lunches, exercise programs, training staff teachers, school lunch workers, etc. We approached the total environment of the school and gained amazing support. Now as we back away, the schools are continuing with the program. This says something about establishing ownership. The NIH Site Team focused on all that presumably was not done. I really think it was NIH's loss since they have no program for elementary school like we developed.

I am trying to recover, and I do thank you for your suggestions. I would like to feel free to ask for advice later.

Dr. Blackburn (cont'd)

10/29/96

When you do come to New Orleans, I hope that you will take just a little time to see what we developed in the school program. Some of it might be of value to your group in your community studies.

With best regards.

Sincerely yours,



Gerald S. Berenson, M.D.  
Professor of Medicine  
Chief, Section of Cardiology  
Director, National Research  
and Demonstration Center --  
Arteriosclerosis

GSB/cac