

August 18, 1986

### Hypotheses

The seven levels of hypotheses of the Minnesota Heart Health Program are as follows:

The Minnesota Heart Health Program:

Is feasible;

Will have cognitive consequences;

Will have environmental consequences;

Will have behavioral consequences;

Will have risk factor consequences;

Will have disease consequences;

Will be incorporated.

### Design

MHHP design involves comparison communities, repetition through staged entry into three community pairs, sensitive trend measurements with both the community and individual as the unit of measure. Dose effect evaluation and linkage analysis.

The main results so far are: The involvement of development in the communities is feasible. The leaders of community institutions participate actively. Almost complete awareness of the program is achievable. A high degree of exposure to the health message is achieved. Discrimination of the message is possible against the background of social change. Participation in the program is enhanced by screening-education. Risk factor changes are proportional to exposure. Survey response is high. Measurement conditions for change are in place.

An eleven-factor exposure index demonstrated significant differences between educated and control communities and a relationship between individual change and exposure score.

A true experiment within the community/demonstration indicates that risk factor changes are related to screening education.

A number of campaigns and environmental programs, including quit smoking contests, supermarket and restaurant programs on eating patterns, are well received. The elementary school program on eating and exercise behavior is incorporated. Targets for direct education are achieved. The population strategy as transferable. Significant University-Community partnerships develop. The communities will assume significant control of the program. Population prevention strategies are generalizable.