



UNIVERSITY OF MINNESOTA
TWIN CITIES

Division of Epidemiology
School of Public Health
Stadium Gate 27
611 Beacon Street S.E.
Minneapolis, Minnesota 55455
(612) 376-4056

*Plan
of asking my
last letter
to R.L. & return
today. B*

TO: Henry Blackburn
FROM: Russell V. Luepker
DATE: July 10, 1986
RE: Book Outline

This is the first outline of a "practical" book regarding MHHP. Please give me your thoughts/comments on these ideas. You may want to discuss this with the Executive Board. I haven't made assignments, but most seem obvious.

BOOK OUTLINE -- COMMUNITY APPROACHES TO CHRONIC DISEASE PREVENTION

I. GOALS

- A. Practical approaches to community programs */good*
- B. Contains methodology, rationale for approaches with little emphasis on theory or scientific data */good*
- C. Opportunity to describe some of the basic things we have learned which will never reach the traditional scientific literature */good*
- D. Basis for the 1988 Public Health Conference */good*
- E. Limit to chronic disease (but not CVD alone) */good*

II. AUDIENCE

- A. Public health practitioners (i.e., health departments)
- B. Students as a class text */ ? How much D & E
How much "text to"*

III. AUTHORS

- A. HB, RL (? MM) as editors *Suggest all 4 PIs (dilutes impact but increases incentives)*
- B. Individual faculty to write chapters */yes*
- C. All University of Minnesota authors */yes!*

IV. PUBLISHER

- A. University of Minnesota Press
- B. Other ideas? *1 Oxford / Harvard / get help from my*
- C. Think 200-300 pages is reasonable *yes NYC friends.*

V. TABLE OF CONTENTS (chapters)

- A. Rationale for a community approach *yes - sent HB & RL*
- B. Organizing a program *RL*
- C. Involving community organizations and leaders *MM*
- ? *EH* D. Role of mass media *JF & MM*
- D* E. Role of the health care community *RL & HB*
- E* F. Direct education of adults *CP & RJ*
 - 1. Courses
 - 2. Screening *MM & J Slater*
 - 3. Promotional approaches
- G. Environmental programs *R Mullis*
- F* H. Education of youth *CP & DM*
- I. Evaluating the program (simple/cheap methods) *PP & DJ*
- ? *K* J. Role of legislation *HB & RL*
- J* K. Establishing a long-term program *encouragement MM & HB*

VI. OUTLINE OF A "TYPICAL CHAPTER"

- A. Rationale -- brief
- B. Brief literature survey *prefer at end - get right to the meat! ?*
- C. Goals in this area

D. Practical approaches -- alternatives

- 3 1. Skills
- 2 2. Contacts
- 1 3. Resources

Likely outcomes -- from ~~experience~~ ^{Results/E} experience

Bibliography

This is the meat.
needs other parts?
Organization/Leadership
Planning/procedure
Staffing/Content

/csh

E. Specific programs/examples.

G. Conclusions/future potential/^{R+D} needs.



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June 11, 1986

CONFIDENTIAL

Russell Luepker, M.D.
c/o: Dr. Edvard Varnauskas
Professor of Cardiology
Medical Pol. I
Sahlgrenska Hospital
Gotheborg, Sweden 41345

pc Send again to RL

Dear Russ:

I am late to consider more critically your outline of a publication called, "Mobilizing Communities to Promote Cardiovascular Health." It is not entirely obvious as to the kind of publication it is intended to be and a cover memo would be helpful. In addition, it would have been even more helpful to have an indication of the approximate number of pages for each of the sections. At first glance, one sees an awfully top-heavy four sections of background, before one gets to the meat of "mobilizing communities." In other words, it looks like a heavy monograph.

I am happy that you are thinking in these lines; in fact, ecstatic. But, I want to remind you that the issue is to do something that is handleable and on which you can make substantial progress in the short period you have ahead of you in Sweden. Thus, we're not talking about a monograph, I believe, we are talking about a publication that has a particular stamp of your direct experience and in which you can write not lightly, but conversationally, on issues that would not get to press in a data-based paper or in an editorial. Thus, four out of six sections on background is much too heavy and ponderous and represents a monograph. Such a monograph should represent the whole study and not just you and should come later when we are publishing outcome results. I might not have been set off on this train of thought if you had indicated that sections I, II, III, and IV would be handled in a couple of pages and then you would start in on the meat with five pages of methods and five pages of examples or whatever the goal is.

Again, may I suggest that you focus on what represents you as distinct from me and the rest of the team. Focus on the methods and examples and tell the story of what we have done. Let me give you some even more direct advice which you may not want to take. Start right out with the subject; forget the background; refer to my editorial; refer to the evaluation design paper; refer to the ~~Jaech~~ paper, but forget it. You will undoubtedly write it yourway, but this is the way that I would start it:

Mittelmark

June 11, 1986

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"We have demonstrated that an effective University/community collaboration can be achieved for a population-wide, community-based prevention program and achieved within a design which permits useful evaluations. We would like to summarize here how we did it." Then you would move on to methods, planning, the community contacts, formation of boards, and so on and so on. Please, I beg you to forget the ponderous over-kill and four sections of introduction. That has been adequately presented by others elsewhere. It would not be a unique contribution on your part and it would certainly detract from the readability, visibility, and distinctness of your contribution. Finally, it would be your expression and your main publication of something that should be shared and something which I consider more appropriate to the major monograph at the end, and/or, to editorial-type writings that I have done and plan to continue doing. Since I know how methodical you can be in developing a subject and background, I expect that we could reach a compromise. But I certainly suggest that you consider that if you have more than a page or two of background that you are going to lose visibility and impact of what you are trying to do.

The outline as presented was insufficient for me to see whether you really explained the population strategy and the weaknesses in medical approaches, the weakness of public health approaches, etc. (better left elsewhere). I would agree that you need early on some sort of an idea of the conditions for public health intervention, but they can be given in a short paragraph or two, such as I guess you are touching on in your section III on chronic disease. I think a "how-to-do-it" paper would go very well in a boiled-down version in the American Journal of Public Health. I think a more chatty editorial version might go in the Journal of Public Health Policy. Anyway, I hope these suggestions will not be misconstrued. My excitement is that you get something down that reflects your personality and that doesn't go over conceptual areas that are addressed elsewhere but deals with what we agreed you were going to talk about -- mobilizing communities -- the general strategy, organization, methods, and first experiences in achieving such mobilization.

I continue to get a number of memos and communications from you and am always happy to hear from you and read them. By the time I get them, they are outdated and your information base on which you are making comments is outdated. Things have moved terribly rapidly here and there is no way we can keep you properly informed. I hope you will keep ideas coming, but I would think (and hope) that by now you would have largely forgotten us in terms of day-by-day operation and preoccupied yourself entirely with your sabbatical activities and writing.

The meeting with Elaine and the TAG meeting was fine. No major upsets.

Here is some general chit-chat, but as I say, things are moving so fast that it will be long out-of-date by the time you get it. It is not going to be an easy matter and surely will not be entirely successful for us to integrate an alcohol education program and a bunch of health

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educators into our work. I am just hoping that we will not have paranoia and obstructionism.

Things have moved to a rapid close on SPH reorganization and it is almost "set." The nurses are devastated and will surely attempt a formal grievance or other action. They are completely isolated. I made a strong push to get all the SPH teaching tracks related to one or another division and this was successful in all cases except public health nursing. "Nobody wants them." George Johnson turned them down for affiliation with administration. But the latest is that Mila will head them and relate to Kralewski's shop.

Yes, it is our responsibility to see that health education faculty do research. We will involve them as promptly as possible at an appropriate level of effort for those who wish to be involved. For those who don't, they will simply be gradually integrated or will disappear because I will certainly hold the same standards of performance evaluation. However, I don't think I will hound them for non-performance and make all our lives miserable. Can't make tigers from cats.

All the master's level teaching programs, as you will see, will be governed under a school-wide division training administration.

It will not be easy to incorporate AODAP and the health educators here but there is, at the moment, good will. I am on a committee to implement the administrative details of the mergers, working with Kralewski and Jim Rothenberger. AODAP and Schaefer's ambition in health promotion may be the strongest issue. Civil servants are protesting transfer and could cause more trouble than faculty.

We're making good progress on the associate in the evaluation group and have actually succeeded in getting Drs. Pirie and Jacobs to work together on this and prepare the job description, which you will receive soon. We are leaning more toward faculty and David toward pure manager.

I agree with you on the administrative position for CARDIA and it will not reopen without lots of guarantees, including a project officer. I am dreaming that Sprafka might handle both. Dean Surbey will go to their steering committee.

I will be addressing the space issues this week. I imagine to integrate the new faculty, we will have to move some of our people into their present space in Mayo. I think Dean is very skillful in this and I think we will make progress.

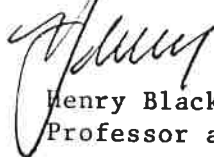
We have successfully housed Burke in Bob Gibson's former office and expect we will have all his fairly extensive space by September (assuming he is not refunded).

June 11, 1986

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We will do what we can concerning you and the APT Committee. We were unsuccessful in getting Dave Murray in the Student Senate. He has been extremely effective in EPC.

Regards,



Henry Blackburn, M.D.
Professor and Director

HB:st

enclosures

Mobilizing Communities to Promote Cardiovascular Health

I. Basic Theses

- A. Community at all levels must be involved
- B. It is possible to activate and sustain that interest

II. Background

- A. Importance of culture in chronic disease risk
- B. Individual and group behaviors strongly influenced by culture
- C. Economic supports
- D. Environmental supports

no

III. Chronic Disease

- A. Widespread/common
- B. General agreement in community
- C. Important
- D. Costly in community/individual terms
- E. Preventable ?

no

IV. Weaknesses of Traditional Public Health

- A. Acute disease model
- B. Regulatory mode
- C. Observational approach
- D. Parochialism
- E. Role as change agent
- F. Characteristics variable by community/agency

no

V. Methods

- A. Approach to leadership - medical/non-medical
- B. Approach of community analysis
- C. Approach to CAB
 - training
 - selection
- D. Approach to task forces
- E. Overall goals
 - incorporation

Yes

VI. Examples

- A. Composition on CAB
- B. Nature of community elements
 - positive
- C. Composition/last or last names
- D. Progress to incorporation

Yes.

VII. Summary - feasible, etc.



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1097692

done
→ August 1, 1986

EXPRESS MAIL

update & my reply

Russell Luepker, M.D.
c/o: Dr. Edvard Varnauskas
Professor of Cardiology
Medical Pol. I
Sahlgrenska Hospital
Gotheborg, Sweden 41345

Dear Russ:

The July 10 outline of a practical MHHP publication is real progress. It addresses many but not all of my detailed June 11th critique.

I think all four PIs as editors would give credit and reduce tension and have a solid rationale.

I think individual authorship would give more life (and more credit), with you and I setting hard goals of length and standard format and editorial critique.

I think a first draft deadline from contributors should be 1 August 1, 1987. We should think once more whether you and I could write it better alone.

By all means, it should be U of M and not Stanford or Pawtucket.

Aren't Jack and Steve doing this too? No matter.

We could get Breslow to write an introduction.

An estimate of page length by section is still needed.

The audience is appropriate for Schools of Public Health students and practitioners. Addition of a stronger chapter on health care, community and professional education would widen the audience.

I have proposed some changes in chapter order.

Based on the next communication, I will be happy to prepare an MHHP publication request and discuss with our colleagues, and solicit U of M Press interest.

August 1, 1986

Page 2

You also did not respond to my ideas about a Luepker article, completable in Sweden, independent of this monograph (which may or may not fly re a publisher), and which relates more to your promotion documentation. In fact, you have so ignored my June 11 letter that I'm enclosing another copy in case you didn't get it. Maybe if you could send me a list of your current writing efforts I'd have a clearer picture of the whole -- as you see it.

Bohemia and Tahoe were superb this year. Things go well on the Potter appointment (School vote 27 to 3; approved by Academic Administration).

Regards,



Henry Blackburn, M.D.
Professor and Director

HB:st

(Dictated, but not seen by Dr. Blackburn)

P.S. I should have comments on your Lab comparability paper to you in a week or so.



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Aren't Jack and Steve doing this too? No matter. } NOT SURE

We could get Breslow to write an introduction. } GOOD IDEA

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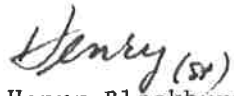
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2097694
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August 13, 1986

TO: Russell Luepker
FROM: Henry Blackburn
SUBJECT: MHHP Monograph

B

I will wait for your revised version of an outline of the "How To Do It" Monograph on community organization, with the page numbers and other detailed suggestions I made in the June 11 and August 1 letters to you. I think we would be making a mistake to propose it to the MHHP Executive with only the two of us as editors when we have a good rationale for the co-principals. I would, therefore, hesitate to submit it with just your and my names. We have to be strongly in agreement on what we are proposing. It is not what I had anticipated, an unique contribution by yourself, but an edited version of a project-wide undertaking.

I received your handwritten list of the articles you are working on and it looks very interesting. You will have received my somewhat critical comments on the Montevideo publication. I think if you read it again in the light of my comments, you may see that it is much too "Stanfordian". It even eclipses MHHP! I would not like to see it published in a major journal in any where near its current state. I have little problem with it going to a communications journal.

In looking over Jack Farquhar's publications, it is clear that they have been much smarter than we. He has all his major design and results papers in the American Journal of Epidemiology. It is there that he addresses the most scientifically critical audience. Our articles, spread all over the world, in poorly read journals, will not make nearly the same impact. I would like you to think about us focusing much more carefully on a series of strong factual articles in the AJE and having the programmatic articles appear wherever people perceive their peer groups.

/jml



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LUEPKER

TO: Dean Surbey

FROM: Russell V. Luepker

DATE: July 24, 1986

done
8/1/86
PC J. Zeleher

CONFIDENTIAL

I have read with interest and a very detached view the ongoing memos regarding the chemistry laboratory.

I appreciate Henry asking some hard questions about the goals and directions of the laboratory and plans to compete for contract work. Certainly opportunities that fit in with previous plans should not be ignored. However, I am concerned about the need for specific plans and directions for the laboratory to determine whether such contract work is compatible with broader needs. In addition, it needs to be reinforced that this laboratory is both a service center and intellectual resource for the overall division rather than a totally independent center.

One thing did surprise me which was the purchase of a \$50,000 piece of equipment for the laboratory. How was this funded?

It also was interesting to see that progress is being made in organizing the laboratory space. I am glad to see that.

/cmh

pc: Henry Blackburn