

Corresp - Hurley



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✓ Richard Hurley, MD ^{TW}
American Heart Association
7320 Greenville Ave.
Dallas, TX 75231

Dear Richard:

Thanks for the cholesterol film script and your note of October 19. It is a timely undertaking!

First I'll recount the comments of our division's excellent media group, long involved with public education on this issue:

"The opening is clever and visually engaging but sets up immediately the expectation of sacrifice and disappointment by depicting eggs and pork as the desirable foods and an orange as second best.

The script is intelligently written overall but the approach, including a great deal of rather heavy medical education, and a real dose of 'fear appeal', is, in our experience, probably outdated.

Our studies and those of others have shown that the 'fear appeal' (eg. the sound of a heartbeat and rushing blood, the heart stopping, the piercing tone of the heart monitor alarm, and so forth) causes an audience to tune out and miss the rest of the message.

In the Minnesota Heart Health Program 8-year current experience we have found, in focus groups and formative evaluations, that ordinary people aren't turned on by pictures of clogged arteries or detailed descriptions of how a heart attack happens. Rather, modern folks want to know 1) what is their personal risk of having a heart attack; 2) what changes to make; 3) how to make the changes as painless and enjoyable as possible; 4) and what kind of results they can expect, how soon, after they make changes.

Overall the writing is clear but dry, and could use more 'pizzazz'."

The "fear appeal" starts on page 5. The "old medical" issue on page 6 is confusing; did people or didn't people have heart attacks prior to 1900? We suggest you stop at the end of page 6 on details of "the process", omit page 7 on the circulatory system and the "liver bit", omit all of page 8 and all of page 9, using a short transition to the next section.

The comment on death rates ignores the rapid trend upward in coronary heart disease mortality in the Eastern block of nations. The data don't clearly show where the U.S. stands.

Our group likes the "involvement of the audience" starting with the risk survey on page 11, but we suggest you eliminate the confusing statement about having "one risk factor" on page 12. One very high risk factor can be quite as significant as multiple moderate risk factor levels.

We agree with your relegation of weight and exercise as contributory factors to an overall healthy lifestyle rather than considering overweight up front.

We suggest that you show the finger prick in a very long shot, not close-up!

The comments on page 14 are in a passive vein.

Whole milk dairy products and ice cream are omitted as major sources of saturated fatty acids.

Our media group's concern is that the script is not positive, enjoyable and enthusiastic. It emphasizes reducing fats rather than increasing the variety in an eating pattern. It fails to emphasize the attractive patterns available in ethnic combinations, oriental, Italian, and so forth.

There is no indication of the relative meaninglessness of one cholesterol test, and some guidance must be given that one cholesterol test is only a clue that requires follow-up with repeats and more detailed testing. It is not appropriate to get people "cholesterol-level conscious" without giving them this concept of the variability in measurement and the requirement for several values to establish a "true value", just as with blood pressure. This operates as well in the frequent misclassification of low-risk as high-risk.

If we can make some of these adjustments, I have no problem with your listing me as consultant on scientific content.

Thanks for your great work in this new ISFC undertaking. Our experienced media section might be available for projects if you were interested. (Call John Finnegan (612)624-1818)

Cordially,



Henry Blackburn, MD
Professor and Director, Division of Epidemiology
Professor of Medicine

bpc: ✓ Stacy Richardson
✓ John Finnegan
✓ Russell Luepker

/jrh