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Division of Epidemiology School of Public Health Stadium Gate 27 611 Beacon Street S.E. Minneapolis, Minnesota 55455

(612) 376-4056

March 26, 1986

Henry Blackburn

FROM: David Murray

Great. Mrs. Pared.

Great. Mrs. Pared.

April 18 xxxx. Fac.

I had a very cordial meeting on Friday, March 21 with several members of the Biometry faculty. As you will recall, I called Mark Kjelsberg to pursue the question of whether there might be someone in Biometry who is both able and willing to give me assistance on data analysis problems for my projects. Mark set up a meeting and in attendance were Jim Boen, Anne Goldman, Chap Le, and Gene Johnson. We met for 90 minutes. The Biometry people were very interested in finding a way to work with me and were very interested in the problems that I was wrestling with. They saw this as an excellent opportunity for their Division to renew its association with our Division.

We tentatively agreed that Anne Goldman would contribute 20% of her effort to one of my grants beginning Spring Quarter. She is willing to met with me very regularly, participate in our data meetings and do many of the things that I need to have done. She was not certain that she could help with the specific analysis of variance problem that I had originally spoken to Kinley Larntz about. She and the other Biometry faculty encouraged me to pursue that issue with Kinley directly. I was very upfront with them about my previous conversations with Kinley. There was no concern on their part that I was rushing off to get assistance from statiticians outside of the school before talking to them.

As I said, Anne and the others there were very enthusiastic about working with me. I am quite willing to give this a try and see if it works. My major frustration with Biometry in the past has been their unwillingness to commit time to me and to my projects. This has clearly changed and Anne is willing to give me a day a week.

I see this as a good outcome, Henry. This can be an excellent example of our ability to collaborate with other Divisions in the School. It should help to heal some of the tenderness between these two Divisions. I believe that Anne can give me much of the help that I need.

I will continue conversations with Kinley Larntz on the ANOVA question, involving Peter, David and others as appropriate. I think that will be acceptable to him and it certainly was acceptable to the Biometry people.

In closing, things didn't turn out quite the way we thought they might. But I think they've turned out well. I'll hold off with the formal paperwork for Anne until I hear from you. Thanks.

murray



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dore 3/1/6, March 10, 1986

TO:

David Murray

FROM:

Henry Blackburn



Since preparing for my San Francisco presentation I've had the opportunity of reading your excellent HEC paper again. Please let me know its status of acceptance. I'm sure you're pushing it with Preventive Medicine.

Running Commentaries:

It would be nice to add a third part to the title, The Minnesota Heart Health Program. I think it would be useful to add to the abstract the greater participation in health-related activities and whatever other positive points we have, rather than the simple one sentence of risk factor results.

May I suggest that we make a more detailed differentiation of this paper from the Luepker paper. It's more important that the Luepker paper do this, because your paper is more focused, but I'm simply suggesting another statement on page 8, paragraph 1, indicating the different focus, as well as the different detail of the other manuscript.

Paragraph 2 on page 9, the issue of using "preferably the right arm" for blood pressure is vague. We should be precise on methods.

In the next to the last paragraph on page 9, "face and content validity" is jargon. Please use more explanatory language for the large medical audience who have no idea what this means. Thanks.

Page 10, paragraph 2, symmetry is misspelled I believe.

Page 11, would you want to give an indication for the naive why the analyses were one day old. May I suggest that you add a clause of explanation of BMDP for the proportion of the audience not familiar with statistical packages. Systematically list the four significant changes that favor the screening-education hypothesis.

I don't know whether you would like to add in paragraph 2, page 13, the fact that there were no significant differences in body mass index, though the

treatment group showed a small increase in BMI. This would help counterbalance the impact of the latter statement.

Rather than that qualification, it might be better to add a subtitle for that paragraph "within treatment group" analysis and a subtitle for the "between group" analysis in the following paragraph. I really think that would help focus your readers attention and concentration. Do you have any explanation for the greater participation in food related classes?

I think we should consider comparison of the percent change in total serum cholesterol values because of the higher average cholesterol in the treatment group. It is a well-known phenomenon that absolute change is greater according to absolute values. This might lead us to slightly temper our conclusions about cholesterol change. I really think it should be done.

I didn't see in the discussion any consideration of relative selection on the second visit of smokers staying away from the visit, if such was the case.

I guess I don't agree with you, and see no particular reason to speculate as you have, at the end of paragraph one on page 16, concerning the greater effort required to quit smoking than to follow other change recommendations. Is this justified? Is it necessary? Is it useful?

I'd prefer a slightly different wording for the first paragraph on page 17, but no big deal. "Parallel results using the novel random zero device favor the treatment effect, but we prefer to be cautious in interpretation." In other words, eliminate do favor, eliminate "must be cautious."

In the middle of paragraph 2 on page 17 I don't quite understand your fortuitous comment, "as might be expected, there was a small but significant increase in body mass index." If you want to leave this clause in, I suggest that you explain it, "as might be expected by normal age trends" or whatever, because not everybody would expect this or would have the knowledge to expect this.

The qualifying sentence "in spite of our efforts, the HHC program may have provided insufficient motivation for substantial changes in physical activity," is directly contradictory to the reported changes. I would prefer a less obscure statement that we are being cautious in interpretation of the reported energy expenditure because of the lack of weight change. On the other hand, we did not counsel anybody on weight reduction or reduction of calories, so it is perfectly possible that we got an increased energy expenditure and a comparable increased calorie intake, though it would be more logical to expect a slight weight loss with such a substantial increase in weekly activity calories.

Of course I'm very happy with the discussion on page 18, which reads very well (in my language) about small effects in large numbers of people.

On page 19, line 4, there's a typo omission "to the entire treatment community." First line, page 20, it might help to add an explanatory clause, "but it's simply been prevented by our study design from utilizing the HHC."

There's no major issue, but on page 20 it might be useful to give alternatives other than an individual physician's clinical practice for a screening education setting. Many other community facilities might be appropriate and your concentration on the office practice situation is perhaps limited. This is particularly true in the light of our knowledge about incorporation efforts in our communities in which the physician's office is the least likely mechanism for any systematic approach. The likelihood of a widespread adoption of such procedures in the physician's office is rather small over the next period.

I think when the article is accepted you ought to enter the Luepker manuscript into the numbered references rather than the footnoted references. I guess I don't know the status of the Luepker manuscript. Thanks.

pc:

- M. Mittelmark
- R. Luepker
- D. Jacobs