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TWIN CITIES

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TO: Ronald Prineas  
FROM: Henry Blackburn  
SUBJECT: Primary Hypertension Study - CONFIDENTIAL

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I just had time to scan the pink sheets that you and Bob sent me on the Primary Hypertension Study. I apologize for not giving more input at the time of the initial application in regard to the behavioral training center. The principal deficiency according to the study section is the uncertainty of intervention feasibility. The language and the experience such as we used for MCPP should have demonstrated adequate leadership in the area of nutrition counselling and eating pattern change. I am puzzled by the question about the "lack of definition of the proposed intervention strategies" as I thought that was Bob's strong point and it was decently laid out. Since you didn't carry the day for all centers and yet you still had a priority score of 142, something is really screwy. At any rate, I believe a re-definition of the behavioral training center might be a joint effort of our behaviorist group and have input from me, perhaps Phyllis Fleming and Art Leon as well as Maury and Jeffrey. I think that's what we're here for, to bolster the needed areas. Is it possible that a strong and articulate behavioral-interventionist type at the site visit might turn this thing around? You have to produce people who are convincing in regard to health strategies and we have them, so let's use them. Finally, it sounds more to me like presenting them with a detailed health program is more important than a discussion of strategies and bolstering this with a strong interventionist and assistant in each center, central planning and program production. I'm sure you could piece together pieces of MRFIT and MCPP protocol for health programs which might satisfy their need for "definition."

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