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studies. In regard to the lipid trials, they appear to be moving well. The hypertension trials could be somewhat weakened by the fact that treatment in the regular care group referred back to physicians may be now at such an efficiency that the difference between usual and special care groups may not turn out as great as anticipated. The same may be said for other major interventions because in health behavior changes are going on at an accelerated pace in the population, more or less spontaneously, or due to health awareness and the health message.

New descriptive studies are under way in school age children in many centers about the country and children will soon be involved in intervention studies to determine whether the evolution of risk factors in children can be modified by health education.

Two exciting studies on a broader level, the community level, are the Stanford Three Community Study and the North Karelia Project. You will undoubtedly get updates from Peter Wood about progress of the Stanford Study which is now being extended, if funding becomes available, to 4 Cities and will "definitively" test the possibility of coronary disease reduction through mass health education approaches. The combination of psychological, medical and communication skills in this SCOR center is a model that many can follow. The Karelia project is making progress in its involvement of a whole Finnish province in a preventive effort for the area which it was shown by the Minnesota group is among the highest in the world in "fatty artery" diseases.

It is likely that continued progress will be made to determine the nature and extent of contribution of other risk factors to fatty artery diseases. But many such researches, as well as other fundamental cardiovascular researches have been curtailed due to the present necessary funding of mass trials plus the increasing inflation which has resulted in cutbacks of major clinical and experimental programs through NHLI. It is likely that broader community programs and legislation involving health education will result in more research and demonstration projects in the area of coronary disease and hypertension prevention.

Ben, I personally feel that the message of the Heart Association should be one for continued adequate funding of both the fundamental and the applied researches undertaken by NHLI, giving a balanced view on this problem rather than a partisan one which pits one type of scientific endeavor against the other. I believe that the Heart Association message should be strong in support of well-designed trials and community projects in which valid comparisons and evaluations are built in, rather than the mass service affiliate programs which have been generally ill-founded, run contrary to local medical systems, and remain unevaluated in terms of their impact upon the community. In other words, I believe the Community Program of the Heart Association should be as excellent as is Heart Association-sponsored research programs.

Good luck in your Tucson meeting.

Cordially,

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