

*J-ll need this filed  
for U.S. AHA Epi.  
Seminar -  
next to  
ISC Seminar  
Drewth.*

DRAFT

The First U.S. Seminar on Cardiovascular Disease Epidemiology

The Chairman's Report to the Executive Committee of the Council on Epidemiology  
American Heart Association

Summary

This report on the first U.S. Seminar on Cardiovascular Disease Epidemiology reflects the efforts and contributions of many people who made the Seminar possible. The background and rationale for its development are presented, and the process of planning and preparation are summarized. The Seminar was held at Tahoe Four Seasons, Lake Tahoe, California, from August 3 through August 15, 1975. Fourteen Fellows took part and in formal and informal evaluation indicated a unanimously favorable response. On the basis of this experience, recommendations are offered for establishment of the Seminar as a permanent activity of this Council, and tentative dates are given for a second Seminar in 1976. The Council is requested to accept and endorse these recommendations.

## A. Background

There is a great need presently, and greater need to be anticipated, both for epidemiologists to investigate the etiology and prevention of cardiovascular diseases and for cardiologists to apply established preventive approaches to cardiovascular disease in their communities - in their practice, and in their teaching and research.<sup>1</sup> A major potential source of epidemiologists with orientation toward cardiovascular diseases appears likely to be found among young physicians with special interest in cardiology. This same group is the one most likely to be receptive and responsive to the evidence that preventive approaches to cardiovascular diseases must be a high priority if this major burden on our nation's health is to be alleviated.

Despite widespread recognition of the need for persons with this orientation, little opportunity has existed for U.S. physicians to become acquainted with the epidemiologic and preventive approach to cardiovascular diseases. The usual curricula of undergraduate and postgraduate medical education give little attention to this perspective. Programs of schools of public health or departments of preventive medicine are ordinarily linked to extended academic degree programs rather than concentrated in a short, intensive period suited for an introductory presentation of fundamental concepts of epidemiology and biometry as they apply to cardiovascular diseases. The excellent Graduate Summer Seminar in Epidemiology offered annually at the University of Minnesota does include a course option in this area but is scheduled in 3 half-day sessions a week over a 3-week period, interspersed with other courses, and is restricted to a lecture-discussion format in a classroom setting. Though highly successful for its purpose, as part of a broader curriculum in epidemiology and biometry, it has appeared that another approach might aid substantially.

Addressing this problem at the international level, Stamler and Keys proposed and with several colleagues implemented the "10-Day International Teaching Seminar in Cardiovascular Epidemiology," currently in its eighth year. Rose and Remington (co-directors of this Seminar) reported in 1972 at the first four years of the Seminar, which began in 1968.<sup>2</sup> With an international faculty of eminent epidemiologists, statisticians and preventive cardiologists, the Seminar included a maximum of two qualified Fellows from any single country - including the U.S. - each year. The format was an intensive 10-day program of introductory lecture/discussion sessions in the fundamentals of epidemiology and biometry, illustrated by examples from the cardiovascular diseases, and typical presentations on major disease problems, methodologic issues and policy questions in this area. Small group sessions and tutorials, as well as the informal residential setting of the Seminar contributed importantly to the exchange of ideas and experience among all participants, Fellows, and faculty alike. A highly successful model program has been demonstrated by the International Seminar.

U.S. applicants for the International Seminar have been numerous, far in excess of the numbers which could be accommodated under acceptance policies, indicating a special need to provide this kind of opportunity in a manner more readily available to candidates resident in the U.S.

Concisely stated, the rationale underlying the initial proposal for the U.S. Seminar was as follows:

- (1) Morbidity and mortality from cardiovascular diseases in the U.S. pose our greatest health challenges, both in their seriousness and in the immediate potential for impact against them.

- (2) While these challenges need the attention and dedication of large numbers of appropriately trained health professionals, such persons are presently unavailable in the numbers needed, especially in epidemiology and preventive cardiology.
- (3) An intensive, short-term educational program bringing together an eminent group of epidemiologists, biometricians, and preventive cardiologists appears to be a successful approach to narrowing the gap between the need and supply of essential professional personnel. The International 10-Day Teaching Seminar in Cardiovascular Epidemiology provides a model with demonstrated success in achieving this objective.
- (4) The availability of interested and highly qualified candidates in the U.S. has been demonstrated by the large excess of applicants over acceptable numbers of U.S. participants in the International Seminar, in every year of its operation.
- (5) A number of U.S. epidemiologists, biometricians and cardiologists have appeared willing to commit themselves with enthusiasm to develop such a Seminar in the U.S.
- (6) The Council has expressed its very strong support of such a program and its willingness to undertake the necessary financial commitment.

In March, 1974, the Ad Hoc Committee on Postgraduate Education of the Council on Epidemiology was formed. Dr. Labarthe was appointed as Chairman, and Drs. Blackburn, Feinleib, Kuller, Prineas, and Tyroler were appointed members. The charge to the Committee was as follows:

- (1) To select a faculty with appropriate experience, educational skills and motivation to participate as core and guest faculty in the proposed Seminar;
- (2) To adopt a course format and content appropriate for the objectives of the Seminar;
- (3) To disseminate information regarding the opportunity provided by the Seminar;
- (4) To select participants from those responding to the announcement with necessary qualifications and sponsor's support;
- (5) To prepare materials for use in the course of the Seminar (and after) by participants;
- (6) To offer the Seminar, on the first occasion, during the summer of 1975;
- (7) To evaluate the experience of the first Seminar; and
- (8) On the basis of the first year's experience, to recommend plans for 1976 and future years.

The expected contributions to the Seminar were the following:

- (1) meet the expressed needs of many investigators currently seeking an educational opportunity of this kind;

- (2) orient participants to the importance, for the long-term health of the U.S. population, of preventive approaches to cardiovascular diseases and epidemiologic research into their causes and methods of control;
- (3) provide an overview of current knowledge in several specific areas of disease problems and research methods;
- (4) initiate the acquisition of skills in interpretation and evaluation of published scientific reports and policy documents in the cardiovascular field; and
- (5) both directly and - through post-workshop activities of its participants in their home institutions and elsewhere - indirectly stimulate others to seek this educational experience and pursue careers in the epidemiology and prevention of cardiovascular diseases.

With this background in view, the Committee proceeded to make definitive plans for the first Seminar, as reviewed in the next section of this report.

## B. Planning and Preparation

Following the appointment of the Committee in March, 1974, the Committee (or members of its appointed faculty for the first Seminar) met on five occasions: June 28, 1974 (Minneapolis); October 20, 1974 (New Orleans); November 18, 1974 (Dallas); March 11, 1975 (Tampa); and June 18, 1975 (Albany). The early meetings provided the necessary discussion to formulate the specific qualification for appropriate candidates, procedure for announcement of the Seminar, selection of dates and location, and appointment of the faculty (Appendix I). A budget was proposed and accepted by the Council, and collection of potential course materials was begun. Later meetings were attended primarily by the faculty, for definitive development of the content and format of the Seminar.

Announcements of the Seminar were published in Circulation, the American Journal of Epidemiology, and the Newsletter of the Council on Epidemiology. Flyers were distributed at the American Heart Association Annual Scientific Sessions in Dallas (November, 1974) and at the Council on Epidemiology Scientific Sessions at Tampa (March, 1975). Through the cooperation of the coordinator of the International Seminar, previous and current applicants were apprised of their eligibility for consideration for this Seminar.

Altogether, 22 applications were received and were reviewed by all members of the core faculty. All candidates were evaluated against the following criteria:

- (1) Ordinarily, an applicant must be at the postdoctoral level with some residency training or its equivalent; and a resident of the U.S. or Canada.
- (2) A letter of interest written by the candidate, a complete curriculum vitae, and a letter of nomination from a sponsoring investigator well acquainted with the candidate's experience and interests.
- (3) Review of the information provided under (2) above will focus especially on evidence of interest and indications of potential contributions to the areas of cardiovascular epidemiology and cardiovascular disease prevention.

- (4) Candidates who may appear "overqualified" by past training or experience should be evaluated with special consideration as to the potential benefit to be derived from their selection, in view of the primarily introductory character of the workshop as presently conceived and designed.
- (5) Considerations of the faculty members which enter into the selection process should be noted on the sheet provided.

The major criterion leading to rejection of candidates was (4) above, over-qualification. Ultimately, 15 candidates were accepted, in addition to 2 alternates; 2 accepted candidates could not attend at the last moment and one alternate was able to participate in his place. Records of all candidates were transmitted to Mr. Cook for the AHA files.

In addition to the support provided by the AHA, application was made to the National Heart and Lung Institute, NIH, for funds to cover travel and expenses for the core and guest faculty. Contract No. HL 18810-01, in the amount of \$6,369.00, was awarded to Dr. Labarthe, through AHA, for this purpose and constituted a major contribution to the total support of the Seminar.

The designated dates and location were August 3-15, 1975 at Tahoe Four Seasons, Tahoe City, California. The facilities were known to Dr. Borhani through their frequent use for University of California -sponsored conferences and were inspected, as were others, before the final selection was made.

The final activity in planning was to purchase permanent teaching materials and resources for use in the first and in further years, should the Seminar continue. These materials included standard texts and major reference works in epidemiology and biometry, and in addition, 5 calculators (Texas Instruments SR-51). A complete inventory of materials in the permanent collection is given in Appendix III.

#### C. Conduct and Evaluation of the Seminar

The Seminar was convened with an opening banquet Sunday evening, August 3. Sessions were held from 8:30 a.m. until noon and from 4:00 to 6:00 p.m. daily Monday, August 4 through Friday, August 8, as well as Monday, August 11 through Thursday, August 14. Half-day sessions were held on Saturday, August 9 and the closing day, Friday, August 15. A reception sponsored by the Golden Empire Heart Association, followed by a jazz session, and a closing banquet comprised the formal entertainment.

The format generally provided for lecture/discussion sessions at the beginning and end of each day, with the major portion of each morning devoted to small-group discussions of work prepared in advance each day by the Fellows. The specific content of the sessions and the major faculty presentations are indicated in the following outline:

DAY	AM 1 (8:30 - 9:30)	AM 2 (9:45 - 12:00)	PM 1 (4:00 - 5:00)	PM 2 (5:00 - 6:00)	OPEN BANQUET
MONDAY	Principles of Epidemiology - I (Labarthe)	Introduction, and Discussion of NHLI (Small Groups)	Principles of Biometry - I (Hawkins)	Measurement: BP Film	
TUESDAY	" II	Problems in Validation (Small Groups)	" II	Lipid Disorders (Zellis)	
WEDNESDAY	" III	IHD in Europe (Small Groups)	" III	LRC Program/Familial Studies (Tyroler)	
THURSDAY	" IV	CDP and Krasno (Small Groups)	" IV	Multivariate Techniques (Feinleib)	
FRIDAY	" V	Coffee and CHD (Small Groups)	" V	History of CVD Epidemiology (Stamler)	
SATURDAY	Evaluation of Control Measures and Primary Prevention of Risk Factors (Stamler)		(FREE)		
MONDAY	Familial Studies - LRC (Tyroler)	Study Design - I (Small Groups)	" IV	Environmental Factors in CHD (Stallones)	
TUESDAY	Stroke Epidemiology (Stallones)	Study Design - II (Joint Session)	7 Countries, MRFIT, and the Egg Controversy (Blackburn)		Cock and
WEDNESDAY	Population Surveys (Borhani)	Student Presentations Research Problems	Controls, Matching and Sample Size (Remington)		
THURSDAY	Ecologic Intervention Trials (Remington)	Where Does CVD Epidemiology Go From Here? (Remington/Feinleib)	Evaluation of Seminar (Fellows and Faculty)		Clos Banq
FRIDAY	Epidemiometrics (Feinleib)				

The setting was ideal for the balance of formal and informal exchange we sought to promote throughout the Seminar. The surroundings were detached from serious outside distractions and the recreational facilities were more than adequate. The quality of services, especially meals and refreshments, was excellent and the costs quite reasonable. Audiovisual equipment was rented indirectly through the hotel, and photocopying and related incidental facilities were readily available.

It was evident to the faculty throughout the Seminar that the group of Fellows were well qualified and highly motivated to derive the expected benefits of this experience. Discussions were lively, individual experiences and viewpoints were frequent contributions to the session, and our subjective view was that this first offering of the Seminar was well received and was a valuable experience for all concerned.

However, we felt it important to solicit both formal and informal expressions of interest and satisfaction from the Fellows themselves through a closing evaluation session. The vehicles of expression were, first, a checklist and short-answer questionnaire requesting specific comment on each session in the Seminar; and, second, an open discussion by the Fellows themselves, only afterwards including the faculty for our benefit in future planning. A brief summary of the overall evaluation was prepared by Dr. Tyroler and is included as Appendix IV. It is not practical to list all of the individual suggestions for additional topics, alternative approaches for certain presentations, and other potential improvements in the Seminar; many of these reflect only solitary viewpoints from a group with some diversity of experience and background. It should be stated, however, that a number of excellent suggestions have been offered which merit serious consideration in planning for future years.

It is noteworthy that a number of Fellows in the Seminar have since applied to the Council on Epidemiology for membership. It is to be hoped that their interest in cardiovascular disease epidemiology and prevention, stimulated by the Seminar, will be further supported by participation in the affairs of the Council as a whole.

#### D. Recommendations

- (1) The Seminar should be established on a permanent basis and offered annually.
- (2) The Council should appoint a permanent Director and Co-Director to assume continuity from year to year.
- (3) The number of Fellows should be increased to a yearly enrollment of 20 to 25 participants
- (4) The core faculty should consist of members with some rotation in composition to afford responsiveness to areas of special topical interest from year to year and to permit a greater number of established investigators in the field to participate at the faculty level.
- (5) The concept of the associate faculty member should be considered as a means of affording participation by persons who are qualified beyond regular Fellow status but not appropriately experienced for full faculty responsibilities

- (6) Explorations should be undertaken to identify assured long-term sponsorship and support through the American Heart Association and other potential contributing sources
- (7) Planning should begin immediately to offer the second Seminar in 1976. Facilities are tentatively reserved at Tahoe Four Seasons, Lake Tahoe, California, from August 22 through September 3, 1976.



**References:**

1. Zelis, R. and Borhani, N. The need for training cardiovascular disease epidemiologists, Proceedings of the American Federation for Clinical Research, 1973, pp. 65-67.
2. Rose, G. and Remington, R.D. A successful experiment in specialty-bridging, The Lancet, February 12, 1972, pp. 370-371.

APPENDIX I

Full-time Faculty:

Manning Feinleib, M.D., Dr. P.H.  
Chief, Epidemiology Branch  
Division of Heart and Vascular Diseases  
National Heart and Lung Institute  
Landow Building, Room C-825  
7910 Woodmont Avenue  
Bethesda, Maryland 20014

C. Morton Hawkins, Ph.D.  
Associate Professor of Biometry  
School of Public Health  
University of Texas  
Houston, Texas 77025

Darwin R. Labarthe, M.D., Ph.D.  
Consultant in Epidemiology  
Department of Epidemiology  
Mayo Clinic  
Rochester, Minnesota 55901

Herman A. Tyroler, M.D.  
Professor of Epidemiology  
Department of Epidemiology  
School of Public Health  
University of North Carolina  
Chapel Hill, North Carolina 27514

Robert Zelis, M.D.  
Professor of Medicine and Physiology  
Chief, Division of Cardiology  
Department of Medicine  
Milton S. Hershey Medical Center  
Pennsylvania State University  
Hershey, Pennsylvania 17033

Guest faculty:

Henry Blackburn, M.D.  
Professor and Director  
Laboratory of Physiological Hygiene  
Stadium Gate 27  
University of Minnesota  
Minneapolis, Minnesota 55455

Richard D. Remington, Ph.D.  
Dean, School of Public Health  
University of Michigan  
Ann Arbor, Michigan 48104

Reuel A. Stallones, M.D.  
Dean, School of Public Health  
University of Texas  
Houston, Texas 77025

Jeremiah Stamler, M.D.  
Professor and Chairman  
Department of Community Health  
and Preventive Medicine  
Northwestern University  
303 East Chicago Avenue  
Chicago, Illinois 60611

APPENDIX II

ACCEPTED APPLICANTS FOR THE FIRST U.S. SEMINAR (final list)

LCDR D. M. Davidson MC USN  
NRMC Dept. of Internal Medicine  
Camp Pendleton, California 92055

Dr. V. F. Froelicher, Major, USAFMC  
Cardiopulmonary Section, NGI  
School of Aerospace Medicine  
Brooks AFB, Texas 78235

James R. Galyean, III, M.D.  
Department of Medicine  
Division of Cardiovascular Diseases  
University of Mississippi Medical Center  
Jackson, Mississippi 39216

Stanley B. Garbus, M.D.  
Department of Medicine  
Louisiana State University Medical Center  
1542 Tulane Avenue  
New Orleans, Louisiana 70112

Richard F. Gillum, M.D.  
Laboratory of Physiological Hygiene  
Stadium Gate 27  
University of Minnesota  
Minneapolis, Minnesota 55455

John G. Green, M.D.  
500 Indian Lane  
Salisbury, Maryland 21801

Richard H. Grimm, Jr., M.D.  
North Shore Community Hospital  
300 Community Drive  
Manhasset, New York 11030

Donald Hagler, M.D.  
Department of Pediatric Cardiology  
Mayo Clinic  
Rochester, Minnesota 55901

Harold L. Kennedy, M.D.  
Cardiology Department  
U.S. Public Health Service Hospital  
3100 Wyman Park Avenue  
Baltimore, Maryland 21211

Norman L. Lasser, M.D., Ph.D.  
Associate Professor of Medicine  
College of Medicine and Dentistry  
New Jersey Medical School  
100 Bergen Street  
Newark, New Jersey 07103

David M. Leaman, M.D.  
Assistant Professor of Medicine  
Cardiology Services Laboratory  
Milton S. Hershey Medical Center  
Pennsylvania State University  
Hershey, PA 17033

Allen B. Nichols, M.D.  
Department of Internal Medicine  
Section on Cardiology  
University of Michigan Medical Center  
Ann Arbor, Michigan 48104

Antone F. Salel, M.D.  
Assistant Professor of Medicine  
Section of Cardiovascular Medicine  
Department of Internal Medicine  
University of California  
School of Medicine  
Davis, California 95616

Charles E. Sparks, M.D.  
Department of Pathology  
University of Pennsylvania Hospital  
William Pepper Laboratory  
3400 Spruce Street  
Philadelphia, PA 19104

APPENDIX III

Inventory of Permanent Collection of Materials

(to be provided by Mr. Cook)

APPENDIX IV  
THE UNIVERSITY OF NORTH CAROLINA  
AT  
CHAPEL HILL  
27514

THE SCHOOL OF PUBLIC HEALTH  
DEPARTMENT OF EPIDEMIOLOGY

TELEPHONE NUMBER  
AREA CODE (919) 966-2241

MEMORANDUM

TO: Nemat Borhani  
FROM: Al Tyroler ~~MAX~~  
DATE: August 27, 1975  
RE: Evaluation of CVD Seminar

I had originally planned to remain a relatively uninvolved observer, hoping thereby to be in a position objectively to evaluate the offerings of this seminar and their reception by the fellows. However, both during the planning phases before the seminar and its actual implementation, I found myself increasingly involved as a participant. I found the content and the presentors so interesting that it was impossible to remain emotionally and intellectually removed from the process. For these reasons, my summarization of the seminar can not be regarded as completely objective. I became an active participant observer.

The definitive evaluation of this seminar will eventually be performed when enough time has elapsed to record the epidemiologic activity of the fellows. Prior to that occasion, the following attempt at evaluation proceeds in several modes, which may be identified as follows:

- (1) responses of the fellows to a structured, questionnaire-type survey;
- (2) informal, anecdotal-type impressions of the fellows; and (3) critique of the seminar by the participating faculty.

1. Each of the components of the seminar was evaluated by the fellows as both immediately useful to them and of general importance. We queried them regarding each of the components of the seminar and a statistical summary of their responses is attached. It should be noted that the lecture series, individual seminar topics, guest faculty presentations and practical sessions all were generally regarded as of good quality. And in fact, on balance, "good quality" was the model evaluation, both for the components of the seminar and the seminar taken as a whole. There was, of course, some variation. However, none of the offerings were evaluated as poor, and therefore none are candidates for omission.
2. Anecdotal impressions were overwhelmingly favorable. Several fellows volunteered the information summarized by the expression that the "seminar was one of the most stimulating and important professional experiences they had ever had." Constructive criticism suggested that, in the future, should this seminar be offered again, more time should be addressed to didactic presentations, and there should be more in-depth study of ongoing research.
3. The faculty was unanimous in its impression that the seminar had been successful. The core faculty, without exception, attended all sessions offered by each participant. All actively collaborated in the planning and in the discussion period, and many spent numerous additional hours in small group discussions and in revision of their prepared materials in response to requests from other faculty and from the students.

Memo to Dr. Borhani  
August 27, 1975  
Page 3

On balance, therefore, the overall critique was most favorable. It is to be emphasized that the physical setting of the seminar and the scheduling of activities contributed to its success. Although there were six full scheduled hours of work per day, plus an average of one to two hours spent outside by students and by faculty in planning sessions, the opportunity to have afternoons free for informal faculty/fellow discussions and/or the opportunity to relax or work independently in an isolated retreat was most conducive to successful work.

There was unanimity in recommendation from the faculty that the seminar should be offered annually, and that it would be most difficult, if not impossible, to find a setting more favorable than the one in which the first seminar took place.

HAT/lah

cc: Dr. Manning Feinleib  
Dr. Robert Gellis  
Dr. Mort Hawkins  
Dr. Darwin Labarthe

ITEM	YOUR ASSESSMENTS					
	USEFULNESS TO YOU			GENERAL IMPORTANCE		
	0	+	++	0	+	++
<b>SECTION A</b>						
<b>1. LECTURES</b>						
1-1 Series						
General epidemiology (Labarthe-5 lectures)	5		7		1	7
Statistics (Hawkins-6 lectures)	3		9			8
1-2 Individual topics in sequence of presentation						
Lipid disorders (Zelis)	3	5	4	1	3	5
The LRC Program (Tyroler)	2		10		1	7
Multivariate techniques (Feinleib)	1		11		1	7
History of CHD Epidemiology (Stamler)	2		10		1	7
Evaluation & Primary Prevention (Stamler)	2		9		2	6
Family & Genetic Lipid Studies (Tyroler)	1	4	7		3	4
Environmental factors in CHD (Stallones)	4	6	2	2	3	3
Stroke Epidemiology (Stallones)	2	7	3	3	2	3
7 Countries, MRFIT, Egg Controversy (Blackburn)	2		9		1	7
Population Surveys (Borhani)	3		9		2	8
Controls, Matching & Sample Size (Remington)	2		10			8
Ecologic intervention trials (Remington)	2		10		1	7
Where does CHD Epid. go from here? (Feinleib)	1	3	8		2	5
Epidemetrics (Feinleib)						
<b>2. PRACTICALS, ETC.</b>						
2-1 B. P. Film		6	7		3	5
2-2 Small Groups						
Problems in Validation	1		11		1	7
I.H.D. in Europe	5		6		3	5
C.D.P. & Krasno	3		9		2	6
Coffee & CHD	7		5		5	3
Study design						
Individual fellow presentations	1	4	7		1	7
Group plan development	1	4	7		2	6
<b>3. THE SEMINAR TAKEN AS A WHOLE</b>						
			7			7

**SECTION B**

1. On average, how much time per day did you spend on work outside the timetabled sessions (excluding week-end? .... (State average time)
2. For you, was the pace (speed) of the course generally - too fast/about right/too slow.
3. Please write overleaf - (a) Additional topics which you think should have been included  
 (b) Any general comments which may help us with plans for future Seminars  
 (c) Any ways in which you foresee that this Seminar may alter your future work.

THANK YOU FOR YOUR HELP



APPENDIX V  
Budget Report

A. AHA Budget

Allocated

Expended

Balance

(to be provided by Mr. Cook)

B. NHLI Budget

Allocated

Expended

Balance

5,539.00

5,093.33

445.67