

## **The National Cholesterol Education Program**

Coronary heart disease remains the number one disease killer in the United States, but a new effort launched this past November by the National Heart, Lung, and Blood Institute (NHLBI) will strive to change that troubling statistic. The effort is the National Cholesterol Education Program which will be directed at educating health professionals and the public alike to reduce elevated blood cholesterol in the United States.

For many, many years, the evidence identifying elevated blood cholesterol as a major risk factor for coronary heart disease has been well established. More recently, there has been a growing consensus that the reduction of elevated blood cholesterol can lead to a reduction in heart attacks and heart attack deaths. Spurring this consensus were the findings of the Coronary Primary Prevention Trial (CPPT), a landmark clinical trial coordinated by NHLBI. On the basis of all the current evidence and with the recommendations of many advisors, we are now launching this new national education initiative. There are two factors that will be prominent in the development and implementation of this program. One is that it will be driven by science and the best collective judgment regarding the implications of scientific finding. The second is that it will not be solely a Federal program, but will involve a great many agencies and organizations in both the public and private sectors.

As I already mentioned, the science is such that the community in general has indicated clear support for a National Cholesterol Education Program. Indeed, that was one of the specific recommendations of a National Institutes of Health advisory panel which conducted the Consensus Development Conference on Lowering Blood Cholesterol in December 1984 (1). It is important that the scientific foundation for this new effort be recognized and understood, for it will represent much of the basis for the program's credibility with widely diverse audiences and potential participants. It should also be recognized that the science represents what we now know, and our decisions and recommendations will be based on *current* evidence. New knowledge acquired in the future may modify the best judgment of today. We should not be upset by the realization that the recommendations and guidelines that we make and issue 10 years from now may be somewhat different from what we would do today. The

scientific foundation will be solid, but it will also be dynamic and not dogmatic.

If the new national effort is to succeed, it cannot simply be a Federal program. It must marshal all the appropriate resources in the country in support of its objectives. During the past year, NHLBI has been hosting a series of meetings and workshops to develop educational strategies. Medical associations, public health groups, occupational health professionals, and educators provided input and helped identify initial tasks. It was an impressive example of a productive partnership at work.

Recently, I represented the United States at a meeting in Geneva on the prevention of coronary heart disease which was sponsored by the World Health Organization. In preparing for that meeting, I was asked to provide a brief description of the U.S. National Plan to Prevent Coronary Heart Disease. Many of my foreign colleagues observe the dramatic decline in coronary heart disease mortality during the past 10 to 15 years and assume that we must have a well-organized and well-structured national program controlled by the Federal Government. I point out to them that the United States is a pluralistic society and that our approach to national public issues is also pluralistic in nature.

Perhaps one of the best examples of this approach has been the implementation of the national effort to improve the control of high blood pressure. Since 1972, NHLBI has been administering and coordinating the National High Blood Pressure Education Program. The nucleus of this program is its Coordinating Committee, which includes more than 30 national organizations representing medicine, public health, and voluntary health organizations. Representatives of the American Medical Association, the American Public Health Association, and the American Heart Association are among its members. These organizations address issues and influence policy and strategies for the national effort. They also support the objectives of the national program by implementing activities through their own constituencies. In addition to these Coordinating Committee organizations, others have participated in the national effort, including many major businesses, church groups, every State health department, and more than 2,000 community programs. The total resources invested by these many organizations and groups represent pluralism at its best.

On November 15, 1985, we held the first meeting of the Coordinating Committee of the new National Cholesterol Education Program to address several program needs and opportunities. During the meeting's presentations, it was pointed out that a NHLBI survey revealed that many physicians often do not initiate either drug or diet therapy when their patients are identified as having elevated blood cholesterol (2). Part of the problem rests with the lack of laboratory standards for measuring cholesterol levels and inappropriate guidance to the physicians from these laboratories; some cite readings as in the "normal range" when in fact they suggest the patient to be at high risk for coronary heart disease. Twenty-five percent of the physicians surveyed did not initiate any drug therapy, no matter how high the cholesterol reading. On the public side, of those surveyed 98 percent reported ever having their blood pressure checked, but only 35 percent reported ever having their blood cholesterol measured (2). Some of the educational needs of the program have been clearly identified with these data.

I announced at the November 15 meeting that I have formed two panels to address these needs. One will develop guidelines or recommendations for the detection, evaluation, and treatment of elevated blood cholesterol. We have over the years carried out similar tasks in the area of high blood pressure, and the resulting reports have been used widely in the United States and in countries around the world as a guide to physicians and other health professionals. The second panel will address the problem of laboratory standardization of measurement levels and what should be done to assure that practitioners are receiving accurate readings and references. We also have begun developing our initial mass media efforts to help make the public aware of the implications of elevated blood cholesterol and the value in people getting to know their own cholesterol levels. There are a great many issues and tasks to address with this program, but we can at least say "we have begun."

The overall challenge is a massive one. Millions and millions of Americans are at unacceptable risk of coronary heart disease because of elevated blood cholesterol. The educational task might be considered as too overwhelming were it not for the similar challenge we faced in the mid-1970s with the need to improve high blood pressure control. We will draw heavily on that experience in taking on this new task. As with that effort, we will attempt to increase awareness and understanding among the public, stimulate people to know their readings, encourage related physician visits, help improve patient ad-

herence to treatment regimens, and contribute to the decline in coronary heart disease mortality. Whether we can achieve the same level of success will depend largely on whether we can generate the same level of activity in reducing elevated blood cholesterol as we did in controlling high blood pressure. We will depend heavily upon the active involvement of many in medicine, public health, and in voluntary health organizations including the readership of this journal.

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#### References .....

1. Lowering blood cholesterol to prevent heart disease. National Institutes of Health Consensus Development Conference Statement. Vol. 5, No. 7. Bethesda, MD, 1985.
2. Pre-CPPT cholesterol awareness survey. Paper presented at the annual scientific session of the American Heart Association, Dallas, TX, Nov. 13, 1984.

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#### Of Oaks and Acorns— Student Ideas on Prevention

A State legislature enacted a law requiring child restraints in automobiles, the Veterans Administration Medical Care system is considering nationwide distribution of a self-help smoking cessation manual, more than 6,000 elementary school children know a lot more about poison because of a puppet show they have seen.

These are some of the real-world results of the 3-year-old Department of Health and Human Services program that calls on students in the health professions to propose new ideas in prevention. These ideas are taking root and making real contributions to preventive health care.

Called the Secretary's Award for Innovations in Health Promotion and Disease Prevention, the program itself is the result of a suggestion by a health education student at Temple University in Philadelphia in 1981. And now, only 5 years later, we are pleased to publish the 1985 winning proposals on pages 90-102 and the abstracts of the 17 runner-up papers on pages 102-107.

First place in the third annual competition goes to two University of Kentucky pharmacy students who designed a puppet play to teach poison preven-