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 adherence 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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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-

tion to grade school children. A continuing project for the past 2 years, the play has had a positive effect on the children's attitudes toward poison prevention, according to the authors.

Second prize was won by a University of California medical student for a proposal to improve pregnancy outcomes with a screening program for gestational diabetes in low-income women. And in third place is a State University of New York nursing student whose idea was to increase awareness of testicular cancer by young men through self-examination.

These are just the latest in a string of interesting and provocative initiatives that began in 1983 with the self-help smoking cessation program by a public health doctoral student at the University of Michigan. That was the first top winner. The child restraint idea that led to successful legislative lobbying was second that year and a physical education curriculum with the health-related aspects of fitness was third (*1–3*).

The next year, 1984, top prize was won by four nursing students at Auburn University in Alabama for a proposal to improve the way teachers deal with asthmatic students. The authors have since lectured on the subject at professional meetings. Second place went to a program to decrease the incidence of osteoporosis-related injuries by two students from the University of New England College of Osteopathic Medicine in Maine, and in third place was a University of Oregon health education student with an idea for changing the health-risk behavior of college students (*4–6*).

Reaction of the health care community to the students' ideas has been gratifying. Some of the papers have been delivered at the annual meetings of relevant professional societies and have been published in professional journals besides *Public Health Reports,* such as *Shape, Patient Education and Counseling, Medical Self-Care,* and *Journal of Professional Nursing.*

Organizations and agencies like the Veterans Administration, the American Lung Association, the American Alliance for Physical Education, and others have expressed interest in the various student proposals, with the VA actually implementing the smoking program in one of its hospitals and considering going nationwide. And there have been hundreds of requests for reprints of the winning papers from as far away as Israel, Yugoslavia, and Belgium.

Although the Bureau of Health Professions in the Public Health Service's Health Resources and Services Administration has the organizational and staff responsibility for the award program, a good deal of its success must be attributed to the Federation of Association of Schools of the Health Professions, an umbrella organization of health profession schools associations, which has cosponsored the project since the beginning.

Participating associations distribute literature about the program to nearly 1,300 member schools of medicine, nursing, dentistry, osteopathic medicine, optometry, podiatry, pharmacy, veterinary medicine, public health, allied health, health administration, and health education around the country. They also provide staff members to review the student papers and to select the semi-finalists. The eventual winners are chosen by a committee of high-ranking officials at the Department of Health and Human Services.

Michael Gemmell, Executive Director of the Association of Schools of Public Health, has been particularly helpful as chairman of the project for the Federation.

The cycle for the fourth competition has already begun, the deadline for submitted papers having been January 15. If the past is any criterion, the 1986 crop will produce even more important and valuable contributions to the art and science of health care.

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LETTERS TO THE EDITOR

Less "Good News" and More Accurate News Is Needed for Cancer Prevention

Dr. Vincent T. DeVita, Jr.'s, editorial, "Cancer Prevention Awareness Program: Targeting Black Americans" (May-June 1985), discusses the National Cancer Institute's plan to spread the "good news" to "counteract and dispel the negative myths and misconceptions about cancer."

This should be right in line with the recent paper entitled "The Will Rogers phenomenon: stage migration and new diagnostic techniques as a source of misleading statistics for survival in cancer" (*1*). It is certainly right in line with the previous "good news" from NCI's "Decade of discovery: the answers in cancer research, 1971–1981." Lung cancer was omitted from this publication's index.

Quite similarly, "What black Americans should know about cancer" (NIH Publication No. 82–1635) offered to dispel a number of myths. This publication gave the answer to the chances of surviving cancer by explaining that "Today the chances of surviving cancer are better than ever. For example, the 5-year survival rate for patients with cancer of the uterus has risen to 81 percent, breast 68 percent, prostate 63 percent, bladder 61 percent, colon 49 percent, and rectum 45 percent." The leading cancer site (lung) in black males (also in white males) is omitted. Nor is it mentioned that the 5-year relative survival rate for lung cancer is still 10 percent or less, not significantly changed in the past 30 years (*2*).

Dr. DeVita, in observing the outlook that many blacks have on cancer, notes "blacks are not informed about those cancers that have sharply increased in mortality: prostate, esphageal, and colon-rectal." It is to be noted that lung cancer data in males exceed by a considerable margin the combined total of deaths in males due to prostatic, esophageal, and colon-rectal cancer. Since 1950, the lung cancer rate has grown three times faster in black men than in white men and is now 40 percent higher in black men. It appears that less "good news" and more accurate news will be of more value "in teaching people what they can do every day to control their own cancer risk."

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Lung Cancer Rates Are Alarming and Are NCI's Greatest Challenge

The point of my editorial, "Cancer Prevention Awareness Program: Targeting Black Americans" (*Public Health Reports,* May-June 1985), was to announce the National Cancer Institute's initiative on behalf of black Americans toward reducing the disparities between black and white cancer incidence and mortality. Omission of lung cancer rates does not convey the point of decreased significance of this disease.

Lung cancer rates are indeed increasing at an alarming rate and are by far our greatest challenge. The relationship between lung cancer and cigarette smoking is clearly documented, and yet, across cultures, tobacco use continues to proliferate except for the recent drop in white males.

Since it has been calculated that tobacco use and diet may contribute to almost 70 percent of cancer deaths, this campaign, which is directed toward high risk groups (including black Americans), emphasizes tobacco and diet messages. A number of groups and organizations, including the National Council of Negro Women, the National Medical Association, American Cancer Society, and the National Football League, are engaged with the National Cancer Institute in these efforts.

The "good news" approach of the Cancer Prevention Awareness Program is intended to present cancer information in a more publicly acceptable manner. This positive method of information presentation was based on extensive market research related to cancer and cancer prevention. This approach disseminates accurate information and is expected to have a secondary effect of dispelling myths and misconceptions. It is the mission and mandate of the National Cancer Institute to translate research findings in a manner which is concise and clear to the public.

Through combining forces with community organizations and the dissemination of more accurate news, using a positive approach, we hope to improve the cancer incidence and survival statistics for black Americans and ensure that they share the benefit of new knowledge regarding cancer prevention and control.

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