

Time . . . and Time Again

Three articles in this issue are of special interest to me, since they reflect on what has gone before and suggest what may be yet to come.

The first article, by Dan Zwick, reviews the period 1980–85 during which the center of gravity in health services decidedly shifted away from Washington and out to the State capitals. The big change, of course, was the Block Grant Program, proposed by President Reagan in his first budget message in 1981. Congress put most of the President's request into law later that year.

Now, after several years' experience with this fundamental shift, what is the verdict? Are people being served? Are the programs still strong? Are they well funded? I believe the record answers "yes" to all those questions:

- State health officials have improved their program managements,
- There seems to be broader participation by ordinary citizens in the planning and decision-making processes, and
- The services we all agree are important—particularly maternal and child health, alcohol and drug abuse, mental health, and preventive health services—have all experienced growth in funding and administration.

This is not the end of the story. We anticipate that these vital health programs will be further strengthened at the State and local levels, as legislators, administrators, and the public get used to the fact that these programs are truly theirs and that the Federal Government is a partner, not the overseer, in public health.

But a note of caution, as you read Mr. Zwick's fine article. His funding information is exclusively Federal and State. But we know that during this same period, 1980–85, the private sector has significantly enlarged its own role in the direct delivery of health care services, not only in those areas well covered by block grants but also in many areas less well funded by government. We will miss the point of the historic change that has occurred—and we will seriously misjudge its effects—if we overlook the vigorous role played by

the private sector, and I'm thinking especially of the voluntary sector at the grassroots of American life.

"Time is the measure of business," Sir Francis Bacon wrote many years ago, and I believe the public business in health care has measured up quite well over the past 5 years. That record should look just as good in the future, too.

Two other articles in this issue also demonstrate, in a quite different way, how "time is the measure." They review the results of the 1982–84 epidemiologic followup study of the first National Health and Nutrition Examination Study (NHANES I), which occurred 10 years earlier. The data come from the life and death records of more than 12,000 Americans, which makes this study a truly unique longitudinal indicator of the health status of the American people.

While it is still too early to get definitive conclusions from the data, the authors (Dr. Jennifer H. Madans and co-workers) discuss the problems of tracing the NHANES I respondents for this followup. They note that this study will provide the largest nationally representative longitudinal data base which can be used to fine tune our programmatic efforts in health promotion and disease prevention. Future analytic studies will investigate the contribution of smoking, alcohol consumption, diet, obesity, and hypertension to disease, disability, and premature death.

I am very conscious of the passage of time. The fine people who have preceded me as Assistant Secretary for Health also wanted to accomplish so very much but had a limited time available to them. Nevertheless, I look forward to helping shape the future of our new and robust Federalism that began with the block grants, and I intend to support the development of the kind of indepth database in public health that is hinted at in the NHANES I followup studies.

Time will tell. I hope it continues to tell a good story.

Robert E. Windom, MD
Assistant Secretary for Health