## Seeking Answers to the Slowing Progress in Lowering Infant Mortality

This issue of *Public Health Reports* presents the findings of the National Infant Mortality Surveillance (NIMS) project and the conference, which was held in Atlanta, GA, May 1, 1986. After two decades of consistent, gratifying improvements in infant mortality, we are faced with growing evidence that our progress has slowed substantially. Disturbingly, even during the period of improvement, essentially no progress was made in reducing the twofold risk of infant mortality among blacks as compared with whites. The fact that 17 other nations have achieved infant mortality rates below our own indicates that further improvement is achievable.

Before the NIMS project, the most recent national linkage of birth and death records had been done in 1960 by the National Center for Health Statistics (NCHS). Since then, however, there has been no national benchmark to evaluate information on infant survival within specific birth weight categories and other key maternal and infant factors. In many ways, the NIMS project represents a landmark in Public Health Service and State collaborative efforts to address the issue of infant mortality and infant health. Vital statistics reporting is a decentralized system; that is, each of the 53 reporting areas included in NIMS is an independent system using similar but not identical procedures and definitions to construct its file of births and deaths. Yet for the NIMS project each reporting area modified its data to conform to an agreed-upon set of definitions and tabular formats to permit not only comparison with each other, but also aggregation nationally.

In addition to providing national infant mortality data, the NIMS project, with its detailed exploration of State differences in the handling of birth and infant death records, provides important baseline information from which the NCHS is moving forward to develop ongoing national birth and death record linkage.

The NIMS project and the development of the national linkage system represent the first concrete steps toward meeting the 1990 Pregnancy and Infant Health Objective for the nation, which calls for establishing a comprehensive surveillance and evaluation system that permits the assessment of the impact of a range of factors on infant and child physical and psychological development.

More importantly, the NIMS conference represents the first joint meeting of persons from divisions of maternal and child health to discuss programmatic needs for information regarding the effectiveness and efficiency of care, together with persons from State offices for health statistics who are directly responsible for the management of the data.

The linkage of vital records alone, whether at the State or national level, offers a number of significant opportunities other than providing infant mortality data. For example, such linkage provides the base upon which a State can overlay the characteristics of participation in a program such as Medicaid, WIC, prenatal outreach, and others, to evaluate its coverage and impact. Further, to the extent that these evaluations are carried out in a similar fashion across States, valid between-State comparisons can be made that permit States to assess the adequacy of their programs relative to those in other States as well as for the nation as a whole.

In defending worthy programs, in making the tough choices between programs, and in determining unmet needs, we need good information. Good information does not necessarily mean collecting more data, but rather being able to link infant health outcomes with the use of programs to develop a solid basis for making and justifying our decisions.

The analyses found in this issue are rich in the information they provide and serve as an illustration of the utility that such data can have. They also can be viewed in the context of the process still before us, namely, to construct a systematic surveillance and evaluation effort that permits a ready and thorough look at the effectiveness of our efforts to reduce infant mortality. Such an effort must permit the identification of high-risk groups for whom efffective interventions are not being fully applied or for whom effective interven-

tions are not yet available. It is critical, however, that this view of surveillance and evaluation not be considered a mere research effort or a process independent of programs. The feedback loop to programmatic decisions must be strong and regularly exercised; without it, data collection and analysis become sterile and programs become inefficient.

Thus, the NIMS effort will be a success if these baseline efforts become incorporated at the State and local levels as systematic regular monitoring and evaluation of program effectiveness. The concerns that we all have regarding the slow rate of decline of infant mortality demand that this be done in order to resume the progress in reducing infant deaths.

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## ADAMHA Goes into High Gear in the Prevention, Research, and Treatment of Drug and Alcohol Abuse

This is a challenging and exciting time for the public health field and everyone in the nation concerned about alcohol and drug problems in our country. The President and the Congress have set in motion an unprecedented program to reduce these problems significantly.

The President launched a national crusade last autumn to reach six goals: to achieve drug-free workplaces, to develop drug-free schools, to improve and expand drug abuse treatment, to increase public awareness and prevention of alcohol and drug abuse, to improve international cooperation, and to strengthen law enforcement against drug abuse.

In response to proposals from the President and the expressed concerns of the American people, Congress enacted the Anti-Drug Abuse Act of 1986, which President Reagan signed on October 27. This law authorized $1.7 billion in fiscal year 1987 for a sweeping new program, including both "demand reduction" and "supply reduction" in the drug abuse equation. The law brings into being a new level and scope of prevention, research, and treatment activities for the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) of the Public Health Service, and it provides the funds needed to have a decisive impact. A total of $262 million above the agency's regular budget was included in the fiscal year 1987 Continuing Resolution both to buttress the agency's ongoing efforts in treatment, prevention, and research, and to launch new efforts.

With $163 million of these funds, ADAMHA will award a new Alcohol and Drug Treatment and Rehabilitation block grant to each State to expand the availability of treatment for persons seeking it. Forty-five percent of each State's grant will be based on the size of its population and 55 percent on the basis of need, as determined by the Secretary of the Department of Health and Human Services. In addition, the new law increases the total funds available for awards to the States under the preexisting Alcohol, Drug Abuse, and Mental Health Service block grants by $13.9 million, to a total of $509 million.

The law also calls for a number of "prevention enhancement" activities to be carried out by a new Office of Substance Abuse Prevention (OSAP) ADAMHA. OSAP went into business on November 24, 1986, with a budget of $43 million. It will make grants for prevention, treatment, and rehabilitation demonstration projects for high-risk youth, such as the children of substance abusers, school dropouts, and "latchkey" kids. OSAP also will operate an alcohol and drug information clearinghouse, conduct media prevention campaigns, and provide fast-service technical assistance to the thousands of parent and community groups that are so crucial to successful drug abuse prevention nationwide.

The new prevention funds also will be used to execute the ADAMHA's responsibilities under President Reagan's Drug-Free Workplace Executive Order. These responsibilities include developing scientific and technical guidelines for drug testing of Federal employees, developing accreditation standards for the laboratories around the country which analyze and report drug test results, and providing assistance to businesses and industries seeking to establish programs to prevent and reduce alcohol and drug abuse in their workforce. The National Institute of Drug Abuse, ADAMHA, has established a toll-free "Drug-Free Workplace Helpline" for firms looking for such assistance.

In still another vital ingredient of this sweeping new national anti-drug abuse effort, research funds