

Department of Health and Human Services

**OFFICE OF  
INSPECTOR GENERAL**

**HEALTHY DIFFERENCE --  
LESSONS LEARNED ABOUT  
INFORMATION DISSEMINATION**



AUGUST 1993

## OFFICE OF INSPECTOR GENERAL

The mission of the Office of Inspector General (OIG), as mandated by Public Law 95-452, as amended, is to protect the integrity of the Department of Health and Human Services' (HHS) programs as well as the health and welfare of beneficiaries served by those programs. This statutory mission is carried out through a nationwide network of audits, investigations, and inspections conducted by three OIG operating components: the Office of Audit Services, the Office of Investigations, and the Office of Evaluation and Inspections. The OIG also informs the Secretary of HHS of program and management problems and recommends courses to correct them.

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This report was prepared in the Public Health and Human Services Branch under the direction of Emilie Baebel. Project staff:

Mary Beth Clarke, *Project Leader*  
Brian Rawdon, *Analyst*  
Mark Krushat, Sc.D., *Mathematical Statistician*  
Linda Moscoe, *Program Analyst*

Department of Health and Human Services

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AUGUST 1993    OEI-12-91-01430

## PURPOSE

The purpose of this report is to describe deficiencies in the dissemination strategy of the Healthy Difference program and in some of the Department's data bases of information on grantees, field offices, and other essential contacts.

## BACKGROUND

The Healthy Difference program was part of a Secretarial initiative to improve the health and well-being of individuals through improved preventive care and promotion of personal responsibility for one's health. The Healthy Difference component consisted of a series of four packages of health promotion materials mailed to selected Department of Health and Human Services (HHS) grantees, field offices, and other selected contacts between April 1991 and March 1992. The program was sent out to approximately 25,000 participants with a total project cost of \$113,000. The participants consisted of HHS grantees, field offices, and other appropriate contacts in the fields of public health, health care facilities, income maintenance, and human development services.

The evaluation of the initiative consisted of a survey mailed to a sample of Healthy Difference participants to solicit their perceptions of the program. In order to draw a representative sample for the survey, a master data base of all Healthy Difference participants had to be created. The Office of Inspector General (OIG) requested that all of the HHS agencies provide this information in a database format. Surveys were mailed to a sample of 2514 participants in December 1991. We received 720 usable surveys yielding a total response rate of 29 percent. The information presented in this report was collected from the surveys received and experiences in conducting the evaluation. There was no attempt to validate the self-reported information from the survey or to measure bias.

The evaluation revealed weaknesses both in the dissemination strategy for the Healthy Difference program and certain information systems maintained independently by agencies within the Department. The Department's Grants Management Information Systems were not used in the dissemination of the Healthy Difference materials or this evaluation. Therefore, any statements made concerning accuracy or reliability of data base systems do not refer to the Grants Management Information Systems.

## FINDINGS

*1. More than half of the respondents were not aware that they had received the Healthy Difference program materials.*

By using selected grantees, field offices, and other contacts, the Healthy Difference program was intended to reach a large audience. However, of the surveys returned, 58 percent indicated that they had not received the Healthy Difference materials, and

therefore could not use or publicize the health promotion materials to their client population or other interested groups. This figure cannot be projected to the universe of all Healthy Difference participants, because of the low response rate of our survey. However, the low response rate might itself be a further indication of the unreliability of the addressee information from the data bases.

***2. The Healthy Difference program could not be further evaluated.***

When requested to provide the OIG with mailing information on the participants of the Healthy Difference program in a data base format, several agencies were unable to fully comply. Even in cases where agencies were able to provide this information, they often could not guarantee that the information was identical to the hard copy information (mailing labels) provided to Public Health Service (PHS) to mail out the original program materials. Without a complete and accurate master data base from which to draw a sample, the evaluation could not yield meaningful results generalizable to the universe of all Healthy Difference participants. Furthermore, as indicated in the background section, the response rate was only 29 percent, which was lower than the 50 percent intended in the evaluation design. Finally, as indicated in the first finding, most respondents were not aware of receiving the materials, a further indication of unreliability in the information from the data bases.

***3. The data bases provided by the agencies cannot be reliably used to disseminate Department-wide information, such as was attempted with the Healthy Difference program.***

The decision to disseminate the Healthy Difference program to selected grantees, field offices, and other essential contacts was based on a belief that all of these groups, including those of social service nature, would benefit from receiving health promotion messages. For this to work successfully, agencies have to be able to provide accurate information regarding the identity of intended respondents and be able to duplicate it. As indicated above, this was not possible. We are aware that in participating in the Healthy Difference program, agencies did not access the Department's grants management systems managed by the separate operating divisions. However, the data base systems accessed for the Healthy Difference program clearly are being used by the agencies to transmit program information to both grantees and a wider audience of other entities. Until the accuracy of these systems can be verified, they cannot be used to reliably disseminate information on such a broad scale. The deficiencies noted in the information obtained from the agency-operated data base systems are significant and may impair the ability of agencies to disseminate important information to grantees and other essential contacts as part of agencies' missions. Consequently, the public may be deprived of needed information and services.

## RECOMMENDATIONS

*The Assistant Secretary for Public Affairs with the Assistant Secretary for Management and Budget should develop guidelines to ensure the accuracy in agency-operated data base systems used to disseminate information.*

Up-to-date, complete information in an accessible data base format on all of the Department's grantees, field offices, and other essential contacts is critical to adequately fulfilling the Department's mission. Continued use of agency-operated data base systems without assurances of accuracy will result in unsuccessful dissemination efforts.

## COMMENTS

In comments to the draft report, the Office of the Assistant Secretary for Public Affairs concurred with our recommendation and welcomes the support of ASMB in their efforts to develop guidelines to improve the accuracy of public affairs data bases.

In comments to the draft report, the Assistant Secretary for Management and Budget concurred with our recommendation and indicated willingness to support the Assistant Secretary for Public Affairs in developing guidelines to ensure the accuracy of agency operated data bases used for dissemination purposes.

However, ASMB disagreed with our finding concerning the relationship between the inaccuracy of these data bases and resulting difficulties in evaluating the Healthy Difference initiative, and whether in fact, the noted difficulties truly reflected accuracy problems with these data bases. We continue to believe that the problems uncovered during the evaluation are indicative of underlying systematic problems. The fact that over 50 percent of our survey respondents indicated they had never received the Healthy Difference materials is evidence that these data bases are not completely accurate and are therefore unreliable for department-wide dissemination efforts.

In their comments ASMB notes that the primary difficulty in evaluating the Healthy Difference initiative was the failure to maintain a copy of the ad hoc mailing list by the program staff. While this technically is true, it was the individual agencies participating that failed to maintain copies of the mailing lists. The PHS staff responsible for coordinating the mailing of the materials received only mailing labels from the various agencies. It is unreasonable to expect that PHS would make and retain copies of all 25,000 mailing labels. One of the assumed benefits of automating this type information and maintaining a data base system is the efficiency of effort needed to access the information and the reduced needed for hard copy systems.

The comments from OASPA and ASMB are reprinted in full at the conclusion of this report.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

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GENERAL

Washington, D.C. 20201

1993 JUL 27 PM 3:10

July 27, 1993

TO: Bryan B. Mitchell  
Principal Deputy Inspector General

FR: Campbell Gardett *Campbell Gardett*  
Director, News Division  
Office of the Assistant Secretary for Public Affairs

RE: OIG Draft Report: "Healthy Difference -- Lessons Learned  
About Information Dissemination" *DEI-12-91-01430*

IG	<del>_____</del>
PDIG	<del>_____</del>
DIG-AS	<del>_____</del>
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AIG-MP	<del>_____</del>
OGC/IG	<del>_____</del>
EX SEC	<del>_____</del>
DATE SENT	<i>7/27</i>

Thank you for giving OASPA the opportunity to comment on your draft report regarding information dissemination under the "Healthy Difference" campaign.

Because of the change of Administrations and the absence of a Director of the Communications Services Division of OASPA, this reply is extremely tardy, for which I take blame and apologize. It had been my hope that a new director of the CSD Division would be appointed in time to provide a more definitive response.

As regards the "Healthy Difference" campaign in particular, there is little record in OASPA. It is my understanding that this campaign was a joint project with the Office for Disease Prevention and Health Promotion in OASH and would not be counted among the priority projects of OASPA. Further, I am told by the Communications Office of the Office of the Assistant Secretary for Health that it was ODPHP mailing lists which were used for this campaign. For a more complete understanding of the campaign, the Office of Disease Prevention and Health Promotion should be consulted. Indeed, despite the lateness of the hour, OASH should have the formal opportunity to comment on the report. I suspect they would take issue with some of the findings specifically related to the "Healthy Difference" campaign.

The more important general question is the need for accurate and well-targeted data bases. In particular, the report recommends that the Assistant Secretary for Public Affairs work with the Assistant Secretary for Management and Budget to develop guidelines to ensure the accuracy of public affairs data bases throughout the Department. OASPA agrees entirely with the finding of the report that accuracy of data bases is essential to the effective dissemination of information. For that reason, efforts are currently underway to update data bases maintained by OASPA.

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In addition, OASPA agrees that the potential for Department-wide guidelines should be examined. OASPA will welcome the support of ASMB in such an examination.

It may also be worth noting that OASPA and ASMB are currently developing a reorganization of OASPA which puts greater emphasis on outreach efforts, and that a prime task of a new outreach division will be the development and maintenance of effective mailing lists.

cc: Avis LaVelle  
Melissa Skolfield  
Teresa Venegas  
Gail Becker  
Elizabeth James, ASMB  
Bill Grigg, OASH





APR - 1 1993

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**MEMORANDUM TO:** Bryan B. Mitchell  
Principal Deputy Inspector General

**FROM :** Elizabeth M. James *Elizabeth M. James*  
Acting Assistant Secretary for  
Management and Budget

**SUBJECT :** OIG Draft Report: "Healthy Difference -- Lessons Learned about Information Dissemination," OEI-12-91-01430

Thank you for the opportunity to comment on the subject draft report. We concur with its recommendation and will support the Assistant Secretary for Public Affairs in developing additional guidelines to further ensure the accuracy of agency operated "mailing list" databases.

However, we cannot agree with the finding that use of the present system "will result in unsuccessful dissemination efforts". Rather, our reading of the report found no information presented to indicate problems with the information systems maintained independently by agencies within the Department.

The report did find that this specific initiative failed to retain a copy of its ad hoc mailing list, and it was this failure that led directly to the ensuing inability to properly evaluate the effectiveness of the dissemination initiative.

One other point on the report that needs to be addressed deals with the process used in its preparation. The draft report states that a mailing of surveys "to a sample of 2514 participants (occurred) in December 1991". Our check with the OS Reports Clearance Officer found that the survey was an information collection under the Paperwork Reduction Act and that the required approval of the Office of Management and Budget was not obtained.

If we may be of any further assistance in this matter or if your staff have any questions on our comments, they should be directed to A Prentice Barnes, Sr. on (202) 690-5521.

IG	_____
PDIG	_____
DIG-AS	_____
DIG-EI	_____
DIG-CI	_____
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