

PERFORMANCE AUDIT  
OF THE  
AFRICAN AMERICAN MALE INITIATIVE  
DEPARTMENT OF COMMUNITY HEALTH

November 1999

## EXECUTIVE DIGEST

# AFRICAN AMERICAN MALE INITIATIVE

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### INTRODUCTION

This report, issued in November 1999, contains the results of our performance audit\* of the African American Male Initiative, Department of Community Health (DCH).

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### AUDIT PURPOSE

This performance audit was conducted as part of the constitutional responsibility of the Office of the Auditor General. Performance audits are conducted on a priority basis related to the potential for improving effectiveness\* and efficiency\*.

In addition, the Office of the Auditor General conducted this performance audit to address a legislative concern as to whether DCH could substantiate the reported amount of financial support directed toward African American male health issues.

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### BACKGROUND

In 1993, the Department of Public Health (DPH) began a strategic planning process to:

- a. Establish long-term State health directions, goals\* , and objectives\*.

\* See glossary at end of report for definition.

- b. Ensure that DPH's actions lead to the accomplishment of goals and objectives.
- c. Define and direct resources.

The process included the identification of four strategic issues critical to fulfilling the mission\* and vision of DPH:

- a) Influence over health risk behaviors.
- b) Survival of the African American male.
- c) Influence over the reduction of adverse environmental and occupational health effects.
- d) Public health system evolution.

The overall goal of the strategy relating to African American males was to: "Reduce the incidence and mortality of those health problems and risk behaviors which contribute to the poor survival of the African American male."

In March 1995, DPH convened a 65-member Statewide task force to address the major health problems that disproportionately affect African American males. In June 1995, the task force produced a report that presented numerous recommendations aimed at improving the life expectancy of African American males in Michigan.

Executive Order 1996-1, effective April 1, 1996, created DCH by combining the Department of Mental Health, most of DPH, the Medical Assistance Program (commonly known as Medicaid), and other programs.

\* See glossary at end of report for definition.

In July 1997, DCH created the African American Male Initiative as a response to the Statewide task force formed to suggest actions to combat the alarming health status of Michigan's African American male citizens. The Initiative's efforts have generally been to:

- (a) Advocate for and promote responsive, consumer-oriented health care providers and services.
- (b) Advocate for and support development of activities to bring about healthier lifestyles.
- (c) Support research and policies that can lead to improved health status.
- (d) Educate individuals and families to take charge of their health.

DCH reported that a major thrust of the staff activities has been to assist local communities in developing community-based coalitions to address the health needs of African Americans on the local level. DCH also reported that, by using a model developed in Washtenaw County prior to the Initiative, staff have been working in several local communities to promote this concept. Calhoun County, the first county to successfully adopt the concept, has formed the African American Health Issues Forum.

In addition to the 3 employees assigned to the Initiative as of August 31, 1998, DCH supports health services for African American males through its varying programs. As of August 31, 1998, DCH had 5,728 employees. Its fiscal year 1997-98 appropriations totaled approximately \$7.2 billion.

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AUDIT OBJECTIVES,  
CONCLUSIONS, AND  
NOTEWORTHY  
ACCOMPLISHMENTS

**Audit Objective:** To assess DCH's effectiveness in identifying health needs of African American males and planning for related services.

**Conclusion:** DCH was effective in identifying the health needs of African American males and planning for related services. However, our assessment disclosed a reportable condition\* pertaining to the mission, goals, and objectives of the Initiative (Finding 1).

**Noteworthy Accomplishments:** DCH reported that Michigan is a leader in the launching of a statewide initiative to address health concerns of African American males. Since the Challenge of a Lifetime report was published in the spring of 1996, over 43,000 copies of Volumes I and II have been distributed across the State and nation to a wide variety of community-based and government organizations. DCH also reported that staff have made roughly 410 presentations to community groups as well as appearances on television and radio talk shows within the State.

In addition, in the summer of 1998, a program brochure was published that highlighted the intent and focus of the Initiative. DCH reported that approximately 17,000 of those brochures have been distributed throughout the State.

**Audit Objective:** To assess DCH's effectiveness and efficiency in ensuring the delivery, monitoring, and evaluation of health services provided to African American males.

\* See glossary at end of report for definition.

**Conclusion:** DCH needs to improve its effectiveness and efficiency in ensuring the delivery, monitoring, and evaluation of health services provided to African American males. Our assessment disclosed two reportable conditions related to evaluation of the Initiative (Finding 2) and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) prevention services (Finding 3).

**Noteworthy Accomplishments:** DCH reported that it is preparing an updated version of the Challenge of a Lifetime report, based on 1997 health status statistics for the African American males in Michigan.

DCH also reported that it awarded Henry Ford Health Systems in Detroit \$320,000 for fiscal year 1998-99 to develop screening and treatment services for African American men who are uninsured or under-insured in the City of Detroit.

**Audit Objective:** To determine the amount of resources that DCH expended on health services for African American males during fiscal year 1996-97.

**Conclusion:** During fiscal year 1996-97, DCH expended approximately \$17.1 million on health services for African American males, excluding funds for mental health, the Office of Drug Control Policy, the Office of Services to the Aging, and the Medical Services Administration.

Although DCH had reported \$19.4 million of resources expended on health services for African American males during fiscal year 1996-97, we identified errors in the documentation that overstated the amount by approximately \$2.3 million. A separate audit finding was not included under this objective because the audit finding and

recommendation on developing an evaluation plan (Finding 2) should help improve DCH's ability to provide accurate and complete data for evaluation and reporting purposes.

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AUDIT SCOPE AND  
METHODOLOGY

Our audit scope was to examine the program and other records of the Department of Community Health and, more specifically, the activities relating to the African American Male Initiative. Our audit was conducted in accordance with *Government Auditing Standards* issued by the Comptroller General of the United States and, accordingly, included such tests of the records and such other auditing procedures as we considered necessary in the circumstances.

Our audit procedures included examining records and activities for the period October 1, 1996 through August 31, 1998.

Although African American males were recipients of services from a variety of DCH programs, we concentrated our audit procedures on selected programs that reflected a high proportion of services utilized by African American males. Also, these services were germane to our determination of the accuracy of data reported by DCH pursuant to our third audit objective.

To accomplish our first objective, we obtained an understanding of the Initiative's activities by conducting a preliminary survey. This included reviewing applicable statutes, policies, and procedures; evaluating any relevant strategic plans, goals, and objectives; and interviewing various staff, especially within Community Public Health (CPH) and the Community Living, Children, and Families Administration. We evaluated the organizational structure of the Initiative, analyzed the processes for planning

services, reviewed funding allocations to various diseases and/or populations, and determined whether comparable programs existed in other states.

To accomplish our second objective, we reviewed a selection of programs conducted by CPH, the Community Living, Children, and Families Administration, and contracted service providers; the process for monitoring service delivery; and the process for evaluating whether services reached the intended populations.

To accomplish our third objective, we evaluated the documentation to support a CPH memorandum that identified the extent of DCH program funds serving African American males during fiscal year 1996-97.

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**AGENCY RESPONSES**

Our audit report contains 3 findings and 3 corresponding recommendations. The agency preliminary response indicated that DCH agrees with all 3 findings and recommendations.

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Mr. James K. Haveman, Jr., Director  
Department of Community Health  
Lewis Cass Building  
Lansing, Michigan

Dear Mr. Haveman:

This is our report on the performance audit of the African American Male Initiative, Department of Community Health.

This report contains our executive digest; description of initiative; audit objectives, scope, and methodology and agency responses; background; comments, findings, recommendations, and agency preliminary responses; and a glossary of acronyms and terms.

Our comments, findings, and recommendations are organized by audit objective. The agency preliminary responses were taken from the agency's responses subsequent to our audit fieldwork. The *Michigan Compiled Laws* and administrative procedures require that the audited agency develop a formal response within 60 days after release of the audit report.

We appreciate the courtesy and cooperation extended to us during this audit.

AUDITOR GENERAL

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## Description of Initiative

### African American Male Initiative

In July 1997, the Department of Community Health (DCH) created the African American Male Initiative as a response to the Statewide task force formed to suggest actions to combat the alarming health status of Michigan's African American male citizens. The Initiative's efforts generally have been to:

- a. Advocate for and promote responsive, consumer-oriented health care providers and services.
- b. Advocate for and support development of activities to bring about healthier lifestyles.
- c. Support research and policies that can lead to improved health status.
- d. Educate individuals and families to take charge of their health.

There were 3 employees assigned to the Initiative as of August 31, 1998.

### Department of Community Health

Executive Order 1996-1, effective April 1, 1996, created DCH by combining the Department of Mental Health, most of the Department of Public Health (DPH), the Medical Assistance Program (commonly known as Medicaid), and other programs. This Executive Order also transferred portions of DPH to other State departments. DPH was renamed the Community Public Health Agency and subsequently was renamed Community Public Health (CPH) during a DCH reorganization.

DCH reported that services for African American males are planned and delivered through integrated components, such as:

- (a) The Medical Assistance Program provides Medicaid health care coverage for Michigan residents with limited incomes.

- (b) The Community Living, Children, and Families Administration is responsible for ensuring physical and mental health services for children and their families, including administrative responsibility for the Initiative.
- (c) Mental Health and Substance Abuse Services provides mental health services for individuals who have mental illnesses or a developmental disability and services for people who need care for substance abuse.
- (d) CPH contracts with 45 local public health departments that serve all 83 counties to assess health needs, promote and protect health, prevent disease, and ensure access to appropriate care for citizens.

DCH reported that a major thrust of the staff activities has been to assist local communities in developing community-based coalitions to address the health needs of African Americans on the local level. DCH also reported that, by using a model developed in Washtenaw County prior to the Initiative, staff have been working in several local communities to promote this concept. Calhoun County, the first county to successfully adopt the concept, has formed the African American Health Issues Forum.

As of August 31, 1998, DCH had 5,728 employees. Its fiscal year 1997-98 appropriations totaled approximately \$7.2 billion.

## Audit Objectives, Scope, and Methodology and Agency Responses

### Audit Objectives

Our performance audit of the African American Male Initiative, Department of Community Health (DCH), had the following objectives:

1. To assess DCH's effectiveness in identifying health needs of African American males and planning for related services.
2. To assess DCH's effectiveness and efficiency in ensuring the delivery, monitoring, and evaluation of health services provided to African American males.
3. To determine the amount of resources that DCH expended on health services for African American males during fiscal year 1996-97.

### Audit Scope

Our audit scope was to examine the program and other records of the Department of Community Health and, more specifically, the activities relating to the African American Male Initiative. Our audit was conducted in accordance with *Government Auditing Standards* issued by the Comptroller General of the United States and, accordingly, included such tests of the records and such other auditing procedures as we considered necessary in the circumstances.

### Audit Methodology

Our audit procedures were conducted during January through December 1998 and included examining records and activities for the period October 1, 1996 through August 31, 1998.

We evaluated the Initiative's activities, including its creation and day-to-day operations. We also directed audit procedures to other programs because DCH functions as an umbrella organization with interrelated programs. Services may be managed in one branch of DCH but delivered in another branch. Thus, the services provided to meet the goals and objectives of the Initiative are spread throughout DCH. The mortality

rates for African American males also were considered in selecting programs to be reviewed:

- a. The Initiative was created to evaluate the implementation of recommendations of the Michigan Task Force on Improving African American Male Health. The Task Force recommendations are based primarily on efforts to benefit teenage and adult African American males.
- b. DCH's health statistics indicated that death rates for African American males over 14 years old were at least 6 times higher than the 1 to 14 years old age group.

Although African American males were recipients of services from a variety of DCH programs, we concentrated our audit procedures on selected programs that reflected a high proportion of services utilized by African American males. Also, these services were germane to our determination of the accuracy of data reported by DCH pursuant to our third audit objective.

To accomplish our first objective, we obtained an understanding of the Initiative's activities by conducting a preliminary survey. This included reviewing applicable statutes, policies, and procedures; evaluating any relevant strategic plans, goals, and objectives; and interviewing various staff, especially within Community Public Health (CPH) and the Community Living, Children, and Families Administration. We evaluated the organizational structure of the Initiative, analyzed the processes for planning services, reviewed funding allocations to various diseases and/or populations, and determined whether comparable programs existed in other states.

To accomplish our second objective, we reviewed a selection of programs conducted by CPH, the Community Living, Children, and Families Administration, and contracted service providers; the process for monitoring service delivery; and the process for evaluating whether services reached the intended populations.

To accomplish our third objective, we evaluated the documentation to support a CPH memorandum that identified the extent of DCH program funds serving African American males during fiscal year 1996-97.

### Agency Responses

Our audit report contains 3 findings and 3 corresponding recommendations. The agency preliminary response indicated that DCH agrees with all 3 findings and recommendations.

The agency preliminary response which follows each recommendation in our report was taken from the agency's written comments and oral discussion subsequent to our audit fieldwork. Section 18.1462 of the *Michigan Compiled Laws* and Department of Management and Budget Administrative Guide procedure 1280.02 require DCH to develop a formal response to our audit findings and recommendations within 60 days after release of the audit report.

## Background

In 1993, the Department of Public Health (DPH) began a strategic planning process to:

- a. Establish long-term State health directions, goals, and objectives.
- b. Ensure that DPH's actions lead to the accomplishment of goals and objectives.
- c. Define and direct resources.

The process included the identification of four strategic issues critical to fulfilling the mission and vision of DPH:

- a) Influence over health risk behaviors.
- b) Survival of the African American male.
- c) Influence over the reduction of adverse environmental and occupational health effects.
- d) Public health system evolution.

The overall goal of the strategy relating to African American males was to: "Reduce the incidence and mortality of those health problems and risk behaviors which contribute to the poor survival of the African American male."

In March 1995, DPH convened a 65-member Statewide task force to address the major health problems that disproportionately affect African American males. In June 1995, the task force produced a report that presented numerous recommendations aimed at improving the life expectancy of African American males in Michigan.

In July 1997, the African American Male Initiative was created and the director of DCH appointed a person to "... lead its efforts to protect and preserve the health status of African American men." In September 1997, DCH appointed a steering committee to

monitor the effectiveness of DCH's response to the task force recommendations and make recommendations about future program direction.

The following table depicts Michigan's population by race and gender:

|                               | Total     | Male      | Percentage<br>of<br>Population | Female    | Percentage<br>of<br>Population |
|-------------------------------|-----------|-----------|--------------------------------|-----------|--------------------------------|
| White                         | 8,044,494 | 3,945,597 | 40.9%                          | 4,098,897 | 42.5%                          |
| African American              | 1,415,051 | 660,156   | 6.8%                           | 754,894   | 7.8%                           |
| Asian and Pacific<br>Islander | 129,924   | 64,435    | 0.7%                           | 65,490    | 0.7%                           |
| Native American               | 65,837    | 32,489    | 0.3%                           | 33,348    | 0.3%                           |
| Total                         | 9,655,305 | 4,702,676 | 48.7%                          | 4,952,629 | 51.3%                          |

Source: 1995 population estimates computed by DCH's Division for Vital Records and Health Statistics.

Totals may not add because of rounding used during the population estimation process.

From information available in the *Michigan Health Statistics 1996*, published by DCH, we determined that the overall age-adjusted death rates\* for African American males have improved, as have those for all males, during the period 1980 through 1996:

| Year             | Age-Adjusted Death Rates per 100,000 Population |        |                        |          |
|------------------|---|--------|------------------------|----------|
|                  | All Males                                       |        | African American Males |          |
|                  | Michigan  | U.S.   | Michigan               | U.S.     |
| 1980             | 771.90  | 777.20 | 1,084.90               | 1,112.80 |
| 1996             | 636.90  | 626.70 | 1,006.80               | 966.60   |
| Decrease         | 135.00  | 150.50 | 78.10                  | 146.20   |
| Percent Decrease | 17.49%  | 19.36% | 7.20%                  | 13.14%   |

\* See glossary at end of report for definition.

The following table presents, in order, the top ten causes of death for African American males in Michigan during 1996 and compares those age-adjusted death rates to those for African American males in the U.S. and to the rates for white males in Michigan and the U.S.:

| Disease   | Age-Adjusted Death Rates Per 100,000 Population |                |                     |                         |            |                     |
|-----------|---|----------------|---------------------|-------------------------|------------|---------------------|
|           | Michigan<br>All Populations                     | Michigan Males |                     | U.S.<br>All Populations | U.S. Males |                     |
|           |   | White          | African<br>American |                         | White      | African<br>American |
| Heart     | 148.5   | 186.2          | 283.1               | 134.5                   | 174.5      | 242.6               |
| Cancer    | 132.6   | 151.7          | 223.9               | 127.9                   | 149.2      | 221.9               |
| Homicide  | 9.0   | 3.7            | 76.0                | 8.5                     | 7.3        | 52.6                |
| Stroke    | 27.6  | 27.6           | 53.8                | 26.4                    | 26.3       | 50.9                |
| Accidents | 27.0  | 35.9           | 48.7                | 30.4                    | 42.4       | 55.7                |
| HIV/AIDS* | 5.0   | 5.2            | 35.6                | 11.1                    | 12.5       | 66.4                |
| Pneumonia | 14.0  | 16.2           | 31.3                | 12.8                    | 15.2       | 24.8                |
| COPD*     | 21.2  | 26.2           | 24.6                | 21.0                    | 26.3       | 24.8                |
| Liver     | 8.1   | 10.0           | 24.5                | 7.5                     | 10.5       | 13.8                |
| Diabetes  | 14.4  | 14.4           | 21.2                | 13.6                    | 13.7       | 27.8                |

Sources: *National Vital Statistics Report*, Vol. 47, No. 9, November 10, 1998.  
*Michigan Health Statistics 1996*.

Note: These sources use the term "black" in their statistical presentation rather than "African American."

\* See glossary at end of report for definition.

# COMMENTS, FINDINGS, RECOMMENDATIONS, AND AGENCY PRELIMINARY RESPONSES

## EFFECTIVENESS IN IDENTIFYING HEALTH NEEDS AND PLANNING FOR RELATED SERVICES

### COMMENT

**Audit Objective:** To assess the Department of Community Health's (DCH's) effectiveness in identifying health needs of African American males and planning for related services.

**Conclusion:** DCH was effective in identifying the health needs of African American males and planning for related services. However, our assessment disclosed a reportable condition pertaining to the mission, goals, and objectives of the African American Male Initiative.

**Noteworthy Accomplishments:** DCH reported that Michigan is a leader in the launching of a statewide initiative to address health concerns of African American males. Since the Challenge of a Lifetime report was published in the spring of 1996, over 43,000 copies of Volumes I and II have been distributed across the State and nation to a wide variety of community-based and government organizations. DCH also reported that staff have made roughly 410 presentations to community groups as well as appearances on television and radio talk shows within the State.

In addition, in the summer of 1998, a program brochure was published that highlighted the intent and focus of the Initiative. DCH reported that approximately 17,000 of those brochures have been distributed throughout the State.

### FINDING

#### 1. Mission, Goals, and Objectives of the Initiative

DCH had not established a formal mission statement or quantified goals and objectives for the Initiative.

In July 1997, the Initiative was created and the director of DCH appointed a person to "... lead its efforts to protect and preserve the health status of African American men." The creation of the Initiative followed a task force report that disclosed 15 specific recommendations, organized into 8 key areas, for improving the health and quality of life for African American males.

A mission statement contains detailed information about the overall direction and purpose of the entity. A mission statement also guides planning and decision making.

Goals are the statement of a quantifiable desired future state or condition. A goal is generally long range and broad in scope and provides guidance for the establishment of objectives. Objectives are used for the attainment of goals and the fulfillment of the mission.

DCH acknowledged that it had not established a formal mission statement and had not formally identified the goals and objectives of the Initiative to explicitly state its plan to develop and implement strategies to address the issues raised in the task force report covering the health of African American males. DCH reported that it used the task force's 8 key areas as the goals of the Initiative and the 15 specific recommendations as the objectives of the Initiative. However, none of these key areas or specific recommendations were quantified as to intended outcomes\* to allow for future evaluation of their attainment.

## **RECOMMENDATION**

We recommend that DCH establish a formal mission statement and quantified goals and objectives for the Initiative.

## **AGENCY PRELIMINARY RESPONSE**

DCH agrees with the finding and recommendation. DCH informed us that, on July 13, 1999, DCH leadership initiated a plan to create a mission statement and quantified goals and objectives. An internal planning committee approved a mission statement and goals for the Initiative on July 13, 1999. The establishment of measurable objectives is currently in process.

\* See glossary at end of report for definition.

# EFFECTIVENESS AND EFFICIENCY IN ENSURING DELIVERY, MONITORING, AND EVALUATION OF HEALTH SERVICES

## COMMENT

**Audit Objective:** To assess DCH's effectiveness and efficiency in ensuring the delivery, monitoring, and evaluation of health services provided to African American males.

**Conclusion:** DCH needs to improve its effectiveness and efficiency in ensuring the delivery, monitoring, and evaluation of health services provided to African American males. Our assessment disclosed two reportable conditions related to evaluation of the Initiative and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) prevention services.

**Noteworthy Accomplishments:** DCH reported that it is preparing an updated version of the Challenge of a Lifetime report, based on 1997 health status statistics for the African American males in Michigan.

DCH also reported that it awarded Henry Ford Health Systems in Detroit \$320,000 for fiscal year 1998-99 to develop screening and treatment services for African American men who are uninsured or under-insured in the City of Detroit.

## FINDING

### 2. Evaluation of the Initiative

DCH had not developed an evaluation plan for the Initiative and had not sufficiently evaluated the Initiative.

Although the Initiative was created in 1997, our review noted factors that hamper an overall evaluation of the Initiative:

- a. DCH had not established quantified evaluation performance measures for the Initiative. This limits DCH's ability to evaluate progress toward reaching specific goals and objectives.

DCH uses various evaluation tools that monitor general population health behavior trends and provide for compilation of general health statistics that provide some insights into African American male health risks and behaviors. However, it has not used this information to perform an evaluation of the Initiative.

- b. DCH did not have a process that could accurately identify the amount of program funds directed toward improving the survival of the African American male. The DCH management information system identified program funds allocated and expended for different risk factors and health services. However, the system did not identify funds allocated and expended for specific at-risk populations, such as African American males, within these risk factors and health services.

In a 1997 memorandum to local health officers, DCH recognized that it had experienced difficulty in developing accurate information regarding the total amount of program dollars going into services for African Americans. Because of a lack of existing information and questions raised by local health officers, Community Public Health (CPH) performed a survey of DCH's various offices, divisions, and bureaus to determine the extent of program funds identifiable as serving African American males in Michigan. As noted in the conclusion for our third objective, we determined that CPH overstated the amount of resources directed toward African American males for those resources that DCH reported.

In 1993, the survival of the African American male was specifically identified as one of the strategic issues critical to fulfilling the mission and vision of the Department of Public Health (DPH). In order for DCH to determine its success in dealing with this critical issue, it must be able to evaluate how efficiently and effectively it has instituted programs directed toward this issue. Such evaluations require consideration of stated quantified goals and objectives, financial resources committed, and actual outcomes derived. This will allow DCH to better determine Initiative results and identify areas requiring further DCH efforts or modified strategies. By considering financial information related specifically to the African American male at-risk population, DCH may better be able to improve the survival of the African American male.

- c. DCH had not developed an evaluation plan for monitoring and assessing its effectiveness in achieving the overall mission, goals, and objectives of the Initiative or for assessing the effectiveness of the various services that contribute to the Initiative.

Although extended time frames are required for a thorough evaluation of the Initiative, interim indicators should be developed to assess the effectiveness of Initiative activities and progress toward fulfillment of the goals. For example, DCH had four media campaigns that included activities directed toward African American males during fiscal year 1997-98. The campaigns and reported expenditures were: tobacco (\$1,846,259), prostate cancer (\$145,873), and dating violence and domestic violence (combined \$500,686). While all the campaigns stated general objectives, only the tobacco campaign stated specific goals and only one of its two goals was quantified.

Most media campaign monitoring for prior fiscal years consisted of a comparison between the number of telephone calls generated by a campaign and the amount expended on the campaign. While telephone calls are one evaluation tool, DCH staff acknowledged that such a review did not constitute a thorough analysis of the effectiveness of a campaign.

In mid-1997 DCH began using focus groups to evaluate creative concepts for specific target segments and using follow-up surveys.

For evaluation efforts to be most effective, DCH must state quantified goals and objectives for the Initiative. Evaluation efforts then can assess actual program outcomes.

### **RECOMMENDATION**

We recommend that DCH develop an evaluation plan for the Initiative and conduct evaluations of the Initiative.

### **AGENCY PRELIMINARY RESPONSE**

DCH agrees with the finding and recommendation. DCH is in the process of establishing quantifiable evaluation performance measures and is developing an evaluation plan for monitoring and assessing the effectiveness of the Initiative. As an

example, DCH informed us that it has already begun using generally accepted evaluation methods, such as focus groups, follow-up surveys, and tracking studies to evaluate the effectiveness of its media campaigns.

## **FINDING**

### **3. HIV/AIDS Prevention Services**

DCH did not provide sufficient planning for allocating funds to HIV/AIDS prevention services or retain sufficient documentation to support its review and award of HIV/AIDS grants.

We reviewed the activities of the HIV/AIDS Prevention and Intervention Section (HAPIS), including prevention services. Prevention services include community prevention planning, HIV counseling and testing, education and outreach, and partner notification. These services comprise approximately \$8,251,400 (51%) of HAPIS's fiscal year 1997-98 appropriation of \$16,085,700.

Section 333.2221 of the *Michigan Compiled Laws* states that DPH shall continuously and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of health problems of particularly vulnerable population groups.

Our audit disclosed:

- a. HAPIS did not have a plan in place to document how funding was to be allocated or prioritized among contractual providers to serve population groups having the greatest need for services.

HAPIS directs services to at-risk populations by awarding grants to contractual providers who serve those population groups. However, as part of its planning for the awarding of grants, HAPIS did not predetermine, based on need, which population groups would receive funding or the extent of that funding. For fiscal year 1997-98, HAPIS awarded \$2,728,500 in prevention grants to 45 contractual providers.

In 1995, African American males represented 6.8% of the Michigan population. In 1996, African American males represented 388 (43.7%) of 888 new AIDS cases reported in Michigan and 212 (41.6%) of the 510 AIDS deaths in Michigan. Inclusive of African American females, these infections and deaths were 519 (58.4%) of 888 and 260 (51.0%) of 510, respectively. HIV/AIDS was the sixth leading cause of death among African American males in Michigan during 1996. Therefore, funding for prevention services needs to be prioritized to be responsive to the HIV/AIDS infection rates experienced by African Americans.

- b. HAPIS did not establish a grant award process with sufficient management controls to ensure that grant proposals were independently and objectively reviewed and that award decisions were sufficiently documented.

For the 1997 request for proposal (RFP) process, HAPIS did not provide adequate supporting documentation for final funding decisions. Although HAPIS established an Objective Review Panel to review, score, and make award recommendations, the HAPIS staff made the final decisions for grant awards. When final grant awards varied from the Panel's award recommendations, HAPIS provided verbal explanations to support certain decisions but could not provide documentation to support those decisions. Without this supporting documentation, we could not verify the propriety of the RFP process or the final funding decisions.

Improving the documentation for prevention service planning and the process for awarding prevention grants will enhance accountability to ensure that DCH is fulfilling its statutory requirements of preventing and controlling health problems of particularly vulnerable population groups.

### **RECOMMENDATION**

We recommend that DCH provide sufficient planning for allocating funds to HIV/AIDS prevention services and retain sufficient documentation to support its review and award of HIV/AIDS grants.

## **AGENCY PRELIMINARY RESPONSE**

DCH agrees with the finding and recommendation. A new funding cycle for HIV/AIDS prevention activities is scheduled to begin October 1, 2000. An RFP for these funds will be released next spring. African American males will be incorporated as an explicit priority in the RFP where the population is a regionally identified priority. Funds made available to specifically address prevention of HIV/AIDS among African American males will be consistent with the epidemiological data relative to behavioral risk factors. Adequate documentation to support the review and award of HIV/AIDS grants will be maintained.

## **RESOURCES EXPENDED ON HEALTH SERVICES**

### **COMMENT**

**Background:** In an August 5, 1997 memorandum to local health officers, CPH reported that it had identified over \$19 million of DCH program dollars going into services for African American males during fiscal year 1996-97. CPH qualified this reported amount by stating that it did not include funds for mental health, the Office of Drug Control Policy, the Office of Services to the Aging, or the Medical Services Administration. Further, CPH stated that it is difficult to extract exact amounts because some money allocated to local health departments and other agencies is not directed specifically to African American males. The following table indicates the reported level of program dollars going to services for African American males according to the memorandum:

| <u>DCH Program</u>                              | <u>DCH Reported<br/>Program Dollars for<br/>African American Males</u> |
|---|--|
| Substance Abuse                                 | \$13,565,625   |
| Infectious Disease Control (HIV/AIDS and STD* ) | 5,093,000  |
| Cancer Prevention                               | 454,000  |
| Miscellaneous (funded by various divisions)     | 250,000  |
| Office of Minority Health                       | <u>73,400</u>  |
| Total   | <u>\$19,436,025</u>  |

\* See glossary at end of report for definition.

**Audit Objective:** To determine the amount of resources that DCH expended on health services for African American males during fiscal year 1996-97.

**Conclusion:** During fiscal year 1996-97, DCH expended approximately \$17.1 million on health services for African American males, excluding funds for mental health, the Office of Drug Control Policy, the Office of Services to the Aging, and the Medical Services Administration.

Although DCH had reported \$19.4 million of resources expended on health services for African American males during fiscal year 1996-97, we identified errors in the documentation that overstated the amount by approximately \$2.3 million:

- a. Overstatement of \$2.1 million, based on errors in calculating the percentage of African American males who received substance abuse services.
- b. Overstatement of \$160,000 for HIV/AIDS-related media costs benefiting African American males because this amount represents the value of services donated by media providers and did not result in a resource being expended by DCH.
- c. Inclusion of \$48,000 for a cancer program that was planned but not conducted.

A separate audit finding was not included under this objective because the audit finding and recommendation on developing an evaluation plan (Finding 2) should help improve DCH's ability to provide accurate and complete data for evaluation and reporting purposes. DCH's ability to provide accurate information should improve as it develops an evaluation plan and gathers additional financial and program data.

## Glossary of Acronyms and Terms

|                         |  |
|-------------------------|--|
| age-adjusted death rate | A summary rate that is developed using a standard population distribution to improve the comparability of rates for areas or population subgroups with differing age distributions. When calculated by the direct method (as used for the statistics in this report), age-specific death rates for a geographic area or population subgroup are multiplied by the standard population by specific age and the products summed and divided by the total standard population. Age-adjusted death rates represent the mortality experience that would have occurred in a standard population had the age-specific rates of the area or population subgroup been experienced by the standard population. The rates are presented per 100,000 population. |
| COPD                    | chronic obstructive pulmonary disease, which typically includes bronchitis, emphysema, asthma, and other ailments.   |
| CPH                     | Community Public Health (known as the Department of Public Health prior to the executive reorganization).  |
| DCH                     | Department of Community Health.  |
| DPH                     | Department of Public Health (known as Community Public Health subsequent to the executive reorganization).   |
| Effectiveness           | Program success in achieving mission and goals.  |
| efficiency              | Achieving the most outputs and outcomes practical for the amount of resources applied or minimizing the amount of resources required to attain a certain level of outputs or outcomes.   |

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|----------------------|--|
| goals                | The agency's intended outcomes or impacts for a program to accomplish its mission.   |
| HAPIS                | HIV/AIDS Prevention and Intervention Section, Department of Community Health.  |
| HIV/AIDS             | human immunodeficiency virus/acquired immunodeficiency syndrome.   |
| Mission              | The agency's main purpose or the reason the agency was established.  |
| objectives           | Specific outputs a program seeks to perform and/or inputs a program seeks to apply in its efforts to achieve its goals.  |
| outcomes             | The actual impacts of the program. Outcomes should positively impact the purpose for which the program was established.  |
| performance audit    | An economy and efficiency audit or a program audit that is designed to provide an independent assessment of the performance of a governmental entity, program, activity, or function to improve public accountability and to facilitate decision making by parties responsible for overseeing or initiating corrective action. |
| reportable condition | A matter coming to the auditor's attention that, in his/her judgment, should be communicated because it represents either an opportunity for improvement or a significant deficiency in management's ability to operate a program in an effective and efficient manner.  |
| RFP                  | request for proposal.  |
| STD                  | sexually transmitted disease.  |