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REPORT BY THE

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Comptroller General

OF THE UNITED STATES

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Difficulties In Evaluating Public Affairs Government-Wide And At The Department Of Health, Education, And Welfare

Evaluating the effectiveness of public affairs activities and determining the cost is difficult because public affairs is not uniformly defined and its costs are not uniformly reported.

HEW has experienced problems in managing its public affairs activities. Although progress has been made in improving public affairs management, more could be done to evaluate HEW's public affairs activities.

The review was undertaken at the request of Senators Abraham Ribicoff, Chairman, and Charles H. Percy, Ranking Minority Member, Committee on Governmental Affairs.



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COMPTROLLER GENERAL OF THE UNITED STATES
WASHINGTON, D.C. 20548

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The Honorable Abraham Ribicoff
Chairman, Committee on Governmental
Affairs
United States Senate

The Honorable Charles H. Percy
Ranking Minority Member, Committee
on Governmental Affairs
United States Senate

Your February 27, 1978, letter requested that we test the effectiveness of a major public information campaign. After our initial evaluation of information campaigns and public affairs activities within the Department of Health, Education, and Welfare, and our discussions with your offices, we agreed to address (1) the problems and concerns with the lack of uniform definitions concerning public affairs, information dissemination, education, and advertising which complicates oversight and effectiveness analysis, (2) management of public affairs in this Department, and (3) management of selected health education efforts.

This report addresses the Department's public affairs management and presents our findings concerning the National High Blood Pressure Education Program and the new smoking and health initiative. It also addresses the lack of a Government-wide definition for public affairs.

As you requested, we did not take the additional time needed to obtain written agency comments. However, we did discuss our findings and conclusions with agency officials and their comments are incorporated where appropriate.

As arranged with your offices, unless you publicly announce its contents earlier, we plan no further distribution of this report until 15 days from the date of the report. At that time, we will send copies to interested parties and make copies available to others upon request.

A handwritten signature in black ink, appearing to read "James B. Stacks".

Comptroller General
of the United States



COMPTROLLER GENERAL'S
REPORT TO THE COMMITTEE
ON GOVERNMENTAL AFFAIRS

DIFFICULTIES IN EVALUATING
PUBLIC AFFAIRS GOVERNMENT-
WIDE AND AT THE DEPARTMENT
OF HEALTH, EDUCATION, AND
WELFARE

D I G E S T

"Public affairs" is an umbrella term for numerous ways any activity, public or private, attempts to inform the public about its services and programs. In the Federal Government public affairs includes such activities as press releases, reports, news conferences, photographs, speeches, publications, exhibits, audiovisual materials, advertising, and facilities for answering daily questions from journalists and taxpayers.

Evaluating public affairs activities has been, and still is, difficult because Government agencies do not uniformly define "public affairs" and are not consistent in reporting and evaluating their public affairs costs. Campaigns--those promotional efforts which emphasize specific issues over a specified period--also are not uniformly defined and evaluated. (See p. 4 .)

Uniform definitions and budgeting are needed not only to evaluate the effectiveness of public affairs and campaigns but also to assess their costs and to manage them properly.

Once Government-wide definitions of public affairs activities have been developed

- definite lines of management responsibility can be drawn,
- departmental coordination and congressional oversight can be strengthened, and
- total costs can be assessed.

These improvements also would make it easier to develop criteria for measuring public affairs work forces. Further, the ability of the Congress and the executive branch to oversee public affairs activities would be greatly improved. (See p. 7.)

Managing nationwide campaigns, particularly those concerned with health issues and behavior change, is one of the more difficult tasks in public affairs. However, the inconsistencies observed in campaign management approaches, funding, and use of the media leads GAO to believe that more questions need to be answered before undertaking a campaign:

--How does each funding request relate to the past and future efforts?

--How is the amount of advertising to be used determined?

--What management structures have been considered to ~~best~~ achieve program objectives? *most effectively.*

These and other questions need to be more fully explored and costs need to be more carefully analyzed. If managers evaluated elements--early in the decisionmaking process--similar to those included as appendix I, they would be better prepared to answer such questions and to establish a firm basis for program activities and costs. (See p. 25.)

MANAGING PUBLIC AFFAIRS AT
THE DEPARTMENT OF HEALTH, EDUCATION,
AND WELFARE

In the Department of Health, Education, and Welfare (HEW), *as well as* public affairs activities are managed by the Office of the Assistant Secretary for Public Affairs and by 30 other offices. Although the Assistant Secretary's office is responsible for coordinating and

reviewing public affairs activities, departmental oversight has been weak.]

Both GAO's initial work and an internal study indicated a fragmented and unfocused management structure. [Public affairs plans, budgets, audiovisual products, and publications were not always submitted to the Assistant Secretary's office for review, contrary to HEW's instructions.] (See p. 9.)

Recognizing the need to improve management control, the Secretary of HEW approved management and organizational changes in late 1977. At the end of GAO's work, information on the scope and cost of public affairs was being compiled. This is a major step toward improving management control. Other actions being taken include developing procedures to ensure that publications, audiovisual proposals, and service contracts are reviewed in the Assistant Secretary's office before products are produced or contracts awarded. GAO believes HEW should continue to emphasize improving public affairs management and work toward centralized oversight of planning, budgeting, and evaluating. (See p. 10.)

EVALUATING HEALTH CAMPAIGNS

Over the years, HEW has conducted many public information campaigns aimed at fostering a healthy society. Effective campaign management depends largely on how thoroughly certain essential elements, such as objectives and audience targeting, are evaluated before starting the campaign. (See app. I.)

[GAO examined two health education programs; the new initiative on smoking and health and the National High Blood Pressure Education Program.] (See p. 13.)

There was little indication that the smoking and health managers had considered many of the essential elements of campaign development.]

Although HEW is justified in its involvement with smoking and health, the basis for the fiscal year 1979 budget request for some aspects, especially the public information campaign and research on childhood determinants of smoking, is unclear. Further, although several activities are already underway, goals have not been established. (See pp. 17 and 18.)

The high blood pressure program, on the other hand, is well managed and appears to have had some success in controlling hypertension. (See pp. 22 and 23.)

GAO found differences in the way campaigns are funded and the emphasis placed on use of the media to disseminate information. Although such differences may not always be detrimental, GAO believes they point out the need to better define and plan campaigns and to establish a firm basis for activities and costs. (See p. 13.)

GAO discussed its findings and recommendations with HEW and Office of Management and Budget officials and they generally concurred. Their comments have been incorporated where appropriate.

RECOMMENDATIONS

To provide for Government-wide oversight, a greater means for evaluating public affairs organizational structures, and a basis for measuring the effectiveness of specific public affairs activities, GAO recommends that the Director, Office of Management and Budget

- Work with the agencies to develop uniform definitions of "public affairs" and "campaigns".
- Require all Government agencies, once such definitions have been developed, to identify in their annual budgets the costs for their public affairs activities.

GAO also recommends that the Secretary of Health, Education, and Welfare *should*

--Establish guidelines for the evaluation of communications activities to include what activities should be evaluated and what types of evaluations should be conducted.

--~~Require~~ *should be required concerning* explanations of how public affairs projects submitted for review and approval will be evaluated. If an evaluation is not planned, an adequate justification should be provided.

--~~Develop~~ *in a listing of procedures* procedures to ensure that *necessary* criteria, ~~such as those included as appendix I,~~ be adequately and consistently applied to the Department's public affairs activities and information campaigns. *such as established*

agreements, plans, the company, and committee, and a voluntary program, will be adequately and consistently applied to all information campaigns and public affairs activities.

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ABBREVIATIONS

GAO General Accounting Office
HEW Department of Health, Education, and Welfare
OMB Office of Management and Budget

CHAPTER 1

INTRODUCTION

Public affairs is an umbrella term for numerous ways any activity, public or private, attempts to inform the public about its services and programs. In the Federal Government public affairs includes such activities as press releases, reports, news conferences, photographs, speeches, publications, exhibits, audiovisual materials, advertising, and facilities for answering daily questions from journalists and taxpayers.

One of the missions of the Department of Health, Education, and Welfare (HEW) is public health education and the acquisition and dissemination of health information. In carrying out this mission, HEW administers certain public affairs activities.

HEALTH INFORMATION AND PROMOTION

In June 1976, the Congress amended the Public Health Service Act by passing the National Consumer Health Information and Health Promotion Act of 1976 (Public Law 94-317). This act authorized HEW to direct and support activities concerning health information and health promotion, preventive health services, and education in the appropriate use of health care. The act established within the Office of the Assistant Secretary for Health, an Office of Health Information and Health Promotion responsible for coordinating departmental activities. Numerous other laws also provide authority to inform the public on health issues.

Health education and promotion is a complex field which encompasses a range of activities and incorporates consumer education, professional education, and public affairs activities. Health education motivates and provides health skills to help people live longer and free from disease and disability. Consequently, numerous offices in HEW are responsible for disseminating health information. The smoking and health initiative and the National High Blood Pressure Education Program discussed in chapter 4 are examples of current health education efforts.

PUBLIC AFFAIRS IN HEW

Public affairs in HEW involves a number of activities geared to disseminating information, including publications, periodicals, citizen participation, audiovisual products, media access, materials for radio and television, and public affairs service contracts. It also involves answering press inquiries, administration of the Freedom of Information Act, and news releases and news conferences.

The Office of the Assistant Secretary for Public Affairs has the general responsibility for planning, directing, and reviewing HEW's public affairs activities. In addition to the Assistant Secretary's office, 30 other public affairs offices support (1) HEW's principal components, such as the Public Health Service, (2) subordinate agencies within the principal components, such as the Public Health Service's Health Resources Administration, and (3) HEW's 10 regional offices. The 30 offices support their respective agency programs and are responsible to agency management and to the Assistant Secretary for complying public affairs policies and procedures.

SCOPE OF REVIEW

We made our review at HEW headquarters in Washington, D.C., and at selected HEW agencies in the Washington metropolitan area. Our review was limited to health-related public affairs activities and programs.

We reviewed HEW manuals, studies, correspondence, and other records relating to public affairs. Additionally, we interviewed public affairs and program officials at various levels in HEW and advertising officials in private business.

We did not attempt to independently evaluate the effectiveness of public affairs activities or health campaigns because of the lack of uniform definitions of public affairs and of formal criteria for assessing effectiveness. However, we worked with HEW personnel to identify the issues and questions that should be addressed before a campaign is implemented. (See app. I.)

We examined the management of two major health education efforts: the new initiative on smoking and health and the National High Blood Pressure Education Program. The smoking and health initiative was selected because of the Committee's

interest in why a new campaign is needed. The National High Blood Pressure Education Program was selected because it is a sizable effort and because it was cited by HEW as a good model of public-private cooperation.

We did not obtain written agency comments on the matters covered in this report. We did, however, discuss the report with HEW and Office of Management and Budget officials and they generally agreed with its contents. Their comments have been incorporated where appropriate.

CHAPTER 2

NEED FOR UNIFORM DEFINITIONS OF PUBLIC AFFAIRS

To evaluate the effectiveness of public affairs, one must first decide which types of activities constitute public affairs. Does public affairs include all activities designed to educate and/or disseminate information? Does it include only limited elements of education, such as television advertising? Additionally, when does information dissemination become a campaign? Government agencies have not answered these questions uniformly, as we have found in past reviews as well as this review.

Uniform definitions of "public affairs" and "campaigns" are needed not only to evaluate their effectiveness but also to assess their costs and to manage them properly. Dissemination of information is an integral part of virtually every HEW disease control program and most service support programs. It is therefore essential that those activities constituting public affairs be designated as such in order to (1) control them throughout HEW, (2) provide a basis for assigning management responsibility, and (3) develop criteria for measuring their effectiveness.

UNIFORM DEFINITIONS NEEDED

In the last 5 years, we have issued a number of reports concerning public affairs activities and Government advertising. Appendix II provides a listing of these reports. A central theme of these reports has been the inconsistencies among agencies regarding what they consider as public affairs: information dissemination, education, and advertising. In addition, other Government and private organizations have attempted to quantify public affairs activities, but have been able to quantify only certain public affairs costs because of the lack of universal definition.

In 1975 we obtained total advertising costs from 31 departments and agencies. The costs were categorized by type of media for commercially procured advertising, as shown on the following page.

| | Fiscal years | |
|---|-------------------------|----------------------------|
| | <u>1974</u> (actual) | <u>1975</u> (estimated) |
| Television | \$ 4,929,300 | \$ 9,596,000 |
| Radio | 2,006,400 | 2,428,700 |
| Newspapers and magazines | 30,168,400 | 30,487,800 |
| Posters, bill- boards, and displays | 15,592,100 | 13,004,000 |
| Brochures and catalogs | 25,673,000 | 31,676,000 |
| Films | 5,464,400 | 6,277,900 |
| Other | <u>57,757,700</u> | <u>52,029,000</u> |
| Total | \$ <u>141,591,300</u> | \$ <u>145,499,400</u> |

Other costs which were not clearly reported by type of media used were for such items as military recruiting, give-away recruiting items, visitors programs, advertising research, and related travel costs. The agencies also spent \$47.5 million for advertising done in-house in fiscal year 1974 and an estimated \$53.3 million in fiscal year 1975. Therefore, the 31 agencies spent about \$189 million and \$199 million, respectively, for fiscal years 1974 and 1975.

In accumulating the above data, we found that agencies are not required to identify advertising costs in their budgets and are not consistent in defining these costs. Further, no central location exists in the Government where this information can be obtained.

Other reports by us and the Office of Management and Budget (OMB) are summarized below.

--In 1975 we examined how the Department of Agriculture distinguished public affairs from public information activities. At

that time, Agriculture had 21 offices (which varied from 1 to 123 employees) which disseminated information to the public. Agriculture regarded these offices as public information, not public affairs, activities because the offices explain agriculture programs to the public. Therefore, public information employees were not included in Agriculture's public affairs costs (LCD-75-452, Sept. 30, 1975).

- In our 1973 report to the Senate Foreign Relations Committee (B-161939, July 30, 1973) we reported that the Defense Department did not include operating costs for all promotional activities in public affairs expenditures nor did it include all personnel costs for such activities. The costs for such activities as special aerial teams, ceremonial bands, and service-related exhibits and museums were not reported as public affairs costs.
- In July 1975, OMB reported that agencies having more than 100 employees spent \$128.8 million on contractor advertising costs. Our method of defining advertising costs differed from OMB's. We reported such costs at \$141.6 million for the same year.
- On April 13, 1978, OMB issued a circular on managing Federal audiovisual activities. The circular was preceded by a year-long study of audiovisual programs in 16 departments and independent agencies and the military departments. The study stated that civilian agencies had no clear guidelines or procedures and fragmented authority. It also stated that audiovisual material designed for the public did not carefully target specific program-related information to the anticipated audience.

Our work on HEW's promotional activities illustrates that the lack of a uniform definition is a continuing problem. On the previous smoking and health program conducted in the late 1960s and early 1970s, for example, only the public information costs averaging \$208,000 annually were considered as promotional expenditures. The planned cost for HEW's current campaign is \$1 million in fiscal year 1979. However, the proposed fiscal year 1979 funding of \$29.8 million, which includes activities such as biomedical research, has been cited as the cost of the campaign.

HEW officials expressed concern that programs, such as smoking and health, are often labeled as campaigns' when they are actually programmatic initiatives which use public information along with many other approaches to achieve their objectives. If campaigns were precisely defined and isolated, their budgeting, plans, and effectiveness could be better managed and measured.

MANAGING PUBLIC AFFAIRS

HEW's public affairs organization, as stated in chapter 1, consists of the Office of the Assistant Secretary for Public Affairs, as well as 30 other public affairs offices. Activities under such a decentralized organization obviously would need to be well coordinated and planned for proper control. Although the Assistant Secretary's office has such responsibility, the office has not exercised strong oversight in the past.

Inadequate management control over public affairs, which impedes the identification and correction of problems, has been recognized by HEW. As discussed further in chapter 3, HEW is taking action to increase its management control.

CONCLUSIONS

Uniform definitions and budgeting of "public affairs" and "campaigns" are needed to help end the current inability to accurately determine public affairs costs and effectiveness. Once Government-wide definitions have been developed, definite lines of program responsibility can be drawn, coordination and oversight can be improved, and total costs can be assessed. It would also be easier to develop criteria for measuring public affairs effectiveness and would assist in measuring the productivity of the public affairs work force. Further, the ability to oversee public affairs activities, both by the Congress and by the executive branch, would be enhanced greatly.

RECOMMENDATIONS

To provide for Government-wide oversight, a greater means for evaluating public affairs organizational structures, and a basis for measuring the effectiveness of specific public affairs activities, we recommend that the Director, Office of Management and Budget:

- Work with the agencies to develop uniform definitions of "public affairs" and "campaigns".
- Require all agencies, once such definitions have been developed, to identify in their annual budgets, the cost for their public affairs activities.

CHAPTER 3

PUBLIC AFFAIRS MANAGEMENT AT HEW

Managing public affairs and evaluating such management are difficult without a clear definition of "public affairs." Both our initial work and an internal HEW study indicated a fragmented and unfocused management structure. HEW is taking steps to improve its management control, but more should be done to ensure that public affairs activities are evaluated.

NEED FOR BETTER OVERSIGHT

The Office of the Assistant Secretary for Public Affairs is responsible for planning, directing, and reviewing HEW's public affairs activities. However, the 30 other public affairs offices essentially have conducted their own activities for several years, with little oversight by the Assistant Secretary's office. Public affairs plans, budgets, audiovisual products, and publications were not always submitted for review and approval to the departmental level, contrary to the HEW's public affairs instructions.

In May 1977, HEW issued an internal study, entitled "Management Study of Department's Public Affairs Offices and Operations," which paralleled our initial findings. The study, which was requested by the Assistant Secretary for Public Affairs, stated that such systematic approaches as budget review, planning, and product evaluation, which traditionally help managers monitor and direct departmental initiatives, were not being used fully. For example, the study noted that in 1976 the Office of the Assistant Secretary for Public Affairs reviewed and approved approximately 65 film requests, 15 television productions, 15 exhibits, 8 audio proposals, and more than 30 other audiovisual proposals, with a total cost of over \$2 million. However, according to the study, the extent and purpose of audiovisual expenditures and products, either within or among the offices, were not consistently determined.

The HEW study also stated that the Assistant Secretary's office did not have the authority to review significant other audiovisual expenditures, such as:

- Special television programming which is authorized by the Congress and administered by the Office of Education.

--Audiovisual funds of \$4.5 million annually to develop biomedical educational training in an in-house facility of the National Library of Medicine.

Further, the HEW study found that the effectiveness, use, and cost of in-house publications, pamphlets, and brochures were not reviewed. The study concluded that the lack of a control process hindered identifying and following up on problem areas, such as regulation of audiovisual activities, and determining the utility of printed material. The study noted that the situation had developed over several years.

HEW EFFORTS TO IMPROVE MANAGEMENT

Recognizing the need to improve control over HEW's public affairs activities, the Secretary approved certain management and organizational changes in November 1977. These changes include

- reactivating and revising procedures for reviewing public affairs plans and budgets,
- revising regulations on public affairs materials to reflect the concept of quality control, and
- restructuring the Office of Public Affairs to formally reflect the way in which responsibilities are carried out.

At the close of our audit, information on communication objectives, the scope and cost of service contracts, audiovisual products, and printed materials was being compiled. According to the Assistant Secretary for Public Affairs, this information will continue to be submitted and reviewed. An organizational element has been created to review and approve audiovisual products and publications. The public affairs mission statement has been revised to provide the Assistant Secretary with broader authority to manage public affairs activities. Additionally, new procedures were being developed to ensure that printed materials, audiovisual proposals, and public affairs service contracts are submitted to the Office of the Assistant Secretary before products are produced or contracts awarded. These reviews are expected to determine the need for the products or services and to assess their quality. At the time of our audit, some of these changes had only recently been made or were underway.

NEED FOR EVALUATION

Evaluations are a necessary part of the management process because they provide feedback on program results and help managers improve program effectiveness and policies. HEW's public affairs instruction provides for evaluating specific communications activities to determine how well they inform the public and/or support departmental objectives and program strategies. However, HEW officials said criteria on what activities should be evaluated and what types of evaluations should be conducted had not been established. Once a project is approved, they added, it is not always monitored or evaluated. As a result, the effectiveness of specific communications activities is unknown.

CONCLUSIONS

We recognize that the effectiveness of public affairs activities depends on many factors, such as timing, media, and type of presentation, and that program diversity can cause variations in effectiveness. We also recognize that evaluating some activities may be infeasible because of the costs or complexities involved. To be sure that information is communicated well and that desired results are achieved, we believe effectiveness should be determined on a program-by-program basis, allowing for exceptions when justified.

HEW's current efforts to review public affairs plans, budgets, and products are a step in the right direction, because the scope of the Department's public affairs activities must be identified before they can be effectively managed.

We believe HEW should continue to emphasize improving public affairs management and work toward a centralized oversight of planning, budgeting, and evaluation. However, the decisionmaking process for promotional efforts should rest with the respective program managers. These decisions can, however, be influenced by experts in the field of public affairs.

By requiring that public affairs projects be reviewed in the Assistant Secretary's office, HEW can increase its oversight and control of public affairs. In addition, the Assistant Secretary's office will be able to provide its expertise to the other public affairs offices during the review

process, so that the quality of communications should improve. However, management will not know how well communications objectives are achieved unless evaluations are consistently conducted.

RECOMMENDATIONS

We recommend that the Secretary of Health, Education, and Welfare:

- Establish guidelines for the evaluation of communications activities to include what activities should be evaluated and what types of evaluations should be conducted.
- Require explanations of how public affairs projects submitted for review and approval to the Assistant Secretary's office will be evaluated. If an evaluation is not planned, an adequate justification should be provided.

CHAPTER 4

MANAGING HEALTH EDUCATION PROGRAMS

Over the years, HEW has carried out many public information campaigns aimed at fostering a healthy society. Appendix III provides a listing of the health campaigns conducted by HEW during the past 5 years. In examining these campaigns we found funding and other inconsistencies. For example, some campaigns were funded from the public affairs budget while others were funded from program budgets. There were also differences in the levels of funding and varying degrees of emphasis placed on the use of media to disseminate information. While these differences may not be detrimental, we believe they point to the need to better define and plan campaigns.

Effective management, as discussed in chapter 2, depends largely on evaluating certain basic elements, such as objectives and audience targeting, during the decisionmaking process. With these elements in mind, we examined the management of two major health education efforts: the new initiative on smoking and health and the National High Blood Pressure Education Program. The smoking and health initiative was selected because of the Committee's interest in why it is needed. The National High Blood Pressure Education Program was selected because it is a sizable effort and because it was cited by HEW as a good model of public-private cooperation.

SMOKING AND HEALTH INITIATIVE

HEW's most recent smoking and health initiative formally started in January 1978, when the Secretary called for a renewed commitment and more energetic effort. The new program is largely a continuation of established smoking-related activities, such as research, education, and community programs. We did not evaluate the effectiveness of the prior activities because of the difficulty in defining the public information campaign and in isolating the effect it may have had in relation to all private and public efforts to reduce the smoking population. In addition, HEW has not been engaged for at least 4 years in any mass media antismoking campaigns through either broadcast or print.

HEW believes the new initiative will be more effective because it will be coordinated in the new Office on Smoking and Health and such centralized responsibility will enable

funding to be more effectively used. Because the current effort is still in its infancy, we could not determine its effectiveness. We found the basis for the fiscal year 1979 budget request is unclear for some aspects, specifically the public information campaign and research on childhood determinants of smoking. The details of these matters are presented on page 17.

Reasons for the initiative

HEW is justified in continuing its health education program on smoking because of its legislative authority. Health information activities to prevent pulmonary disease, cardiovascular disease, and cancer are specifically authorized in the National Consumer Health Information and Health Promotion Act of 1976.

The health and economic consequences of smoking cited by HEW are noteworthy. HEW is particularly concerned about new evidence of increased teenage smoking. The following paragraphs present some of the statistics HEW cited to support the initiative.

Cigarette smoking is cited as the single largest preventable cause of premature death, illness, and disability in the United States--accounting for about 17 percent (300,000) of all deaths each year. Over 37 million people--one of six Americans alive today--will die before they otherwise would because of smoking.

Today 54 million Americans are still smoking. Although the percentage of U.S. adult smokers decreased from 40 percent in 1964 to 34 percent today, the percentage of teenage smokers, particularly female, is increasing. According to HEW, about 4,000 children become cigarette smokers each day. Twenty-six percent of all girls aged 17 and 18 smoke and two-thirds of them smoke at least one-half pack a day. In a major urban area on the west coast, one of every five youths smoked at age 12.

HEW is also concerned about certain segments of society at special risk from smoking. For example:

- Women who take birth control pills, particularly women age 30 and over, are up to 50 times more likely to have heart attacks if they smoke.

- Certain industrial workers who smoke run greater risks of cancer and other lung diseases because smoking interacts with other dangerous substances.
- Pregnant women who smoke have higher risks of having stillborn children and their infants have higher fetal and neonatal death rates.

The economic consequences of smoking are large. It is estimated that in 1975, \$5 billion to \$7 billion was spent to treat smoking-related illnesses. Another \$12 billion to \$18 billion in productivity was lost due to smoking-related absenteeism.

Other reasons cited by HEW for initiating a new effort were (1) smoking-related activities were sparse and public information activities were largely uncoordinated and (2) major health organizations, such as the American Cancer Society and the American Medical Association, requested HEW's national leadership and coordination of smoking and health activities.

Funding

The new effort, based on initiatives proposed by a departmental task force, is composed largely of existing educational, research, and other programs in the Public Health Service. The objective of the educational program is to inform the public, especially teenagers and women, about the hazards of smoking so that, when they decide to smoke or not smoke, they know all the facts. Research is centered on biomedical and behavioral factors involved in smoking.

The following table shows the existing and proposed funding levels for Public Health Service programs, as identified by HEW. Some local school health education programs include smoking components. However, the smoking task force did not have an estimate on the extent of financial participation by the Office of Education. The Office of Health Information and Health Promotion includes smoking as one of its top priority health issues. The office plans to participate in the smoking initiative. Its fiscal year 1978 budget was \$1.5 million. No cost estimates were available to the task force on the office's specific smoking-related activities.

Public Health Service
Smoking and Health Funding

| | <u>Fiscal year</u> | | |
|--|---------------------------|---------------|---------------|
| | <u>1977</u> | <u>1978</u> | <u>1979</u> |
| | ----- (in millions) ----- | | |
| National Institutes of Health | | | |
| National Cancer Institute | \$ 6.0 | \$ 8.4 | \$ 8.4 |
| National Heart, Lung, and Blood Institute | 7.0 | 7.4 | 7.5 |
| National Institute of Environmental Health Sciences | 1.0 | 1.1 | 1.1 |
| National Institute of Child Health and Human Development | - | - | 4.0 |
| Total | <u>14.0</u> | <u>16.9</u> | <u>21.0</u> |
| Center for Disease Control | 1.2 | 1.2 | 4.8 |
| Office on Smoking and Health Program Operation | - | - | 1.5 |
| Public Information campaign | - | - | 1.0 |
| Alcohol, Drug Abuse, and Mental Health Administration | <u>.25</u> | <u>1.3</u> | <u>1.5</u> |
| Total Public Health Service | <u>\$15.45</u> | <u>\$19.4</u> | <u>\$29.8</u> |

As shown, HEW plans to spend \$29.8 million in fiscal year 1979 for Public Health Service smoking-related activities--a \$10.4 million increase over 1978. Much of the \$10.4 million was requested without an apparent indication of how the funds would be used or the gains to be achieved, as discussed in the following paragraphs.

New funding

Of the \$10.4 million increase over 1978:

- \$4 million is for the National Institute of Child Health and Human Development to support studies on childhood and preadolescent influences that contribute to smoking and other harmful health habits later in life. Institute officials said that \$4 million was their best estimate of the amount of research that could be prudently conducted and that there was no documentary support for it. Consequently, the basis for this funding level is unclear.
- \$1.5 million is for the operation of the Office on Smoking and Health. The office, established in March 1978 by the Secretary, is to provide national leadership in the smoking and health issue and to coordinate HEW activities. The National Clearinghouse on Smoking and Health was transferred from the Center for Disease Control in Atlanta, Georgia, to Washington, D. C., and made part of the new office. The fiscal year 1978 budget for the Center's smoking activities was about \$1.2 million.
- \$1 million for a public information campaign. The Director, Office on Smoking and Health, stated that a breakdown of how the \$1 million would be used (i.e., radio, television, or pamphlets) did not exist and that there was no documentary support for the amount. HEW's previous public information effort averaged \$208,000 annually.
- \$3.6 million for the Center for Disease Control is to conduct grant programs with the 50 States. The programs will involve liaison with professional and voluntary organizations, surveys on smoking behavior, and demonstrations of how to stop smoking. Center officials stated the \$3.6 million was their best estimate based on their experience with State grant programs.

Existing funding

The remaining fund request is for continuing programs broken down as follows:

--\$8.4 million (the same amount funded in 1978) is for the National Cancer Institute's program. Since 1968 the Institute's activities have included studies on the carcinogenic constituents of cigarette smoking and ways to persuade smokers to stop.

--The National Heart, Lung, and Blood Institute will receive \$7.5 million (a very slight increase over 1978) for research, which it has conducted since the 1950s. Among its areas of interest are the relationships of smoking and other risk factors and dose-related risk factors of smoking which contribute to heart disease, arteriosclerosis, and chronic obstructive lung disease.

--\$1.1 million (also the same amount funded in 1978) is for the National Institute of Environmental Health Sciences. The Institute sponsors research in such areas as the toxicity of prenatal exposure to carbon monoxide and tobacco carcinogenesis.

--\$1.5 million (a small increase) is for the Alcohol, Drug Abuse, and Mental Health Administration's activities, such as research grants concerning addictive behavior.

At the close of our work, fiscal year 1979 funds for the smoking and health initiative had not yet been appropriated.

Activities underway

Under the new initiative, a number of steps have already been taken and many more are planned. However, as of August 1978, the Office on Smoking and Health had not yet established program goals. The Director assured us that this was a concern and that such goals would be established.

Work conducted in fiscal year 1978 is summarized below.

--Together with the Federal Trade Commission, HEW has petitioned the Federal Communications Commission to open more broadcast opportunities for public service announcements, including prime time when the information would be broadcast to the widest audience. The petition is now being considered.

- The Secretary and the Commissioner of Education have sent additional information and digests of smoking and educational materials to the chief school officials of the 50 States and to all 16,000 school districts.
- HEW has adopted a new policy on smoking in HEW-occupied buildings, which bans smoking in conference rooms, classrooms, auditoriums, elevators, and shuttle buses and which calls for separate work areas for smokers and nonsmokers, where practical. This policy has been submitted to other public and private agencies.
- HEW has circulated a model "Clean Indoor Air" bill to the 50 States for their consideration in protecting nonsmokers.
- Work has begun on the preparation of the 1979 Surgeon General's report, which is to be the most extensive review of the medical and behavioral aspects of smoking since the original 1964 Surgeon General's report.
- HEW is engaged in a nationwide effort to notify World War II shipyard workers and other asbestos workers about the hazards of smoking. Individuals who smoke and who have been exposed to asbestos are up to 90 times greater risk of contracting lung cancer than those who neither smoke nor have been exposed to asbestos.
- The Food and Drug Administration is now reviewing published reports on the interaction of smoking with therapeutic drugs, including birth control pills. Warning notices must now accompany such pills when they are first prescribed to the patient.

Previous media efforts

In the late 1960s and early 1970s the National Clearinghouse for Smoking and Health conducted a multimedia information campaign. The primary cost was for developing materials for radio and television announcements. The average annual cost was \$208,000. This amount was identified by the Department as a public affairs cost, but by no means represented HEW'S total effort on smoking and health. A former Clearinghouse official said the materials were widely used

but never formally evaluated because of the cost that would have been involved. Consequently, the effect the materials had on smokers or potential smokers is unknown.

We did not perform an in-depth review of literature concerning the effects of antismoking advertising. However, during our review, we found some analyses which addressed anti-smoking advertising. These studies are not consistent in their conclusions. The following paragraphs summarize the analyses.

The departmental task force on smoking and health indicated that there are few studies of the effects of anti-smoking advertising. However, the task force cited one study which analyzed the effects of all antismoking advertising during a 3-year period before cigarette advertising on television was banned. Approximately \$50 million worth of free advertising time had been made available by the media to both public and private agencies. As noted before, HEW developed advertisements which received free advertising time. The study found that antismoking television and radio advertisements had reduced consumption an average of more than 4 percent each of the 3 years. The study concluded that the advertisements were very effective in the short range. However, the study further stated that the advertising's marginal effectiveness would have diminished over time as the early success reduced the smoking population to more hard-core smokers.

Also, a task force report sponsored by the National Institutes of Health and the American College of Preventive Medicine 1/ stated that:

"TV's ability to produce effective health material was demonstrated by the first-rate antismoking ads turned out during the period prior to the total ban on smoking ads. Some authorities now feel that the overall reduction in smoking would have been greater if both types of ads had been left on the air to compete for public attention."

1/Preventive Medicine USA, Health Promotion and Consumer Health Education, A Task Force Report sponsored by the John E. Fogarty International Center for Advanced Study in the Health Sciences--National Institutes of Health and The American College of Preventive Medicine, 1976.

A few studies support the effectiveness of current educational techniques. However, the task force cautioned that the significance of a few definitive studies of current techniques should not be overstated and that the effect of public education campaigns is virtually impossible to prove statistically. The report states that we do not know, for sure, whether the record would have been better, worse, or no different, if there had been no educational effort.

NATIONAL HIGH BLOOD PRESSURE EDUCATION PROGRAM

The National High Blood Pressure Education Program is a comprehensive effort aimed at reducing diseases and illnesses associated with high blood pressure, also known as hypertension. The program is coordinated by the National Heart, Lung, and Blood Institute of the National Institutes of Health. Authority for the program derives from the National Heart, Blood Vessel, Lung, and Blood Act of 1972 (Public Law 92-423) which states that the Director of the Institute shall establish programs as necessary for cooperation with other Federal health agencies; State, local, and regional public health agencies; and nonprofit health agencies in the diagnosis, prevention, and treatment of heart, blood vessel, and lung and blood diseases. Estimated cost for the program, from fiscal year 1973 through 1980, is \$17.5 million.

High blood pressure is a potentially serious illness which, untreated, can lead to heart disease, strokes, kidney disease, and other illnesses. According to the Institute, current data indicates that:

- About 35 million Americans have definite high blood pressure and are at a significant risk to cardiovascular or renal disease.
- Another 25 million have so-called borderline high blood pressure and probably warrant regular medical surveillance. Of the 35 million Americans with definite high blood pressure, about 5 million are being treated successfully, 15 million are unaware of their condition, and 15 million are aware but do not have their condition under control.

In managing the program, the Institute considered many of the key elements in planning its campaign. Also,

the program appears to have been effective in controlling hypertension and increasing hypertension awareness.

Program management

As lead agency for the program, the Institute cooperates with 15 major Federal agencies, State health departments, and more than 150 national organizations, including professional societies, voluntary health organizations, the insurance industry, the drug industry, and labor and industrial organizations.

Since the program's inception in 1972, it has had private contractor support. The current support contractor is responsible for (1) managing an information center and (2) assisting in the development of several other program components such as professional education and media activities. The estimated contract cost for fiscal year 1978 was \$1.8 million. Total contract support cost from fiscal year 1973 through fiscal year 1977 was \$5.8 million. The estimated contract cost for fiscal year 1978 through 1980 is \$5.4 million. Advertising is only a small portion of the program and has been done under a contract with the Advertising Council. Fiscal years 1975 and 1977 Advertising Council contracts were \$264,000 and \$200,000, respectively. The Council produces radio and television announcements and printed advertisements. Other key components of the program include:

- The High Blood Pressure Information Center, which answers public inquiries, distributes free educational materials, and schedules exhibits.
- The Program Development Service which assists communities in developing or improving efforts to control high blood pressure.
- Professional education, which provides and updates recommendations for detection, treatment, and patient education.

The program also coordinates special projects, such as National High Blood Pressure Month and the High Blood Pressure Education, Detection, and Referral Program for Federal Employees. Under this program, planning assistance and educational materials are provided to Federal agencies for employee health programs.

The program contains many of the key elements necessary for an effective campaign, as discussed below.

- The program's primary measurable objective is to reduce the number of persons having a diastolic blood pressure greater than 104 from 4.8 million to 2.4 million by 1978 and to halve that remainder every 5 years thereafter, to reach within 20 years an assumed irreducible figure of 300,000 persons. Efforts are underway to gather data on how well the objective is being achieved.
- Recognizing the complex nature of hypertension control, the program has developed strategies to achieve its goal. Planning and evaluation studies have been conducted in such areas as knowledge about hypertension, physician attitudes and practices, and the relationship of life insurance costs and employer hiring practices to high blood pressure. Future studies on public and physician knowledge are planned.
- Various data is monitored and analyzed to measure program impact and to refine the program as necessary. For example, when data indicated that awareness does not necessarily result in effective hypertension control, the program increased its emphasis on public, patient, and professional education. These efforts are designed to improve long-term therapy maintenance, correct misconceptions about high blood pressure, and improve the medical communities' approach to patient management.
- To increase its effectiveness, the program is pursuing new opportunities, such as using the work setting as sites for control programs and recommending associated therapies, specifically weight reduction and salt restriction. The program also plans to pursue some diet education activities.

Effect of hypertension control efforts

It would be time consuming, if not impossible, to accurately determine the impact that the Institute has had in fulfilling its national leadership role since the program began. However, data provided by the Institute indicates that the cumulative effort to date appears to have contributed to a

decline in death rates from hypertensive disease and from strokes and coronary heart diseases related to high blood pressure. The stroke death rate, for example, decreased 9 percent during 1965-70 and 18 percent during 1970-75. In the past 5 years, deaths from hypertension-related disease have continued to decline at a much sharper rate than those from cardiovascular disease not related to hypertension. According to the Institute, the decline in mortality rates from hypertension-related diseases reflects encouraging trends in control activities.

Other data suggests that public awareness and detection efforts have been effective in increasing the number of aware hypertensives seeking treatment. An indicator of awareness is reflected in the nearly 50 percent increase, from 1971 through 1976, in total visits and first visits to physicians for hypertension-related reasons. During this period, total visits for all causes remained about the same.

DEVELOPING PUBLIC INFORMATION CAMPAIGNS

Public information campaigns generally include certain basic elements that should be evaluated during the decision-making process. With the aid of HEW officials, we identified these elements and developed questions which should be adequately answered before a campaign is funded and/or started. (See app. I .) Some of the key elements are discussed below.

--Objectives.

Information campaigns should have clear objectives that can be achieved at a reasonable cost. Meaningful objectives are also important in determining program success.

--Audience targeting.

The more precisely the intended audience is identified, the better the specific messages will be based on audience knowledge, attitudes and behavior, and media habits. As previously mentioned, a major finding of the study on Federal audiovisual management was the failure to carefully target information to the anticipated audience.

--Information channels

Dealing with complex issues, particularly health problems that may require a change in attitude or behavior, often requires a mix of informational channels, including media, community elements, professional organizations, and interpersonal contact.

--Evaluation.

Evaluating the effectiveness of information dissemination can be difficult, especially when such factors as economics, personal attitudes, and behavior are involved. Nevertheless, it is important from the outset to clearly establish how information dissemination will be evaluated. Such evaluations can take many forms, ranging from measuring distribution of informational materials to making complex studies of behavior change.

CONCLUSIONS

Managing nationwide campaigns, particularly those concerned with health issues and behavior change, is obviously a difficult task. However, the inconsistencies observed in campaign management approaches, funding, and use of the media lead us to believe that more questions need to be answered before undertaking a campaign. How, for example, does each funding request relate to past and future efforts? How is the amount of advertising to be used determined? And what management structures have been considered to best achieve program objectives?

These and other questions need to be fully explored and costs need to be more carefully analyzed. If--early in the decisionmaking process--managers evaluate elements similar to those included as appendix I, we believe they would be better prepared to answer such questions and thereby establish a firm basis for program activities and costs.

RECOMMENDATION

We recommend that the Secretary of Health, Education, and Welfare develop procedures to ensure that criteria, such as those included as appendix I, be adequately and consistently applied to HEW's public affairs activities and campaigns.

DEVELOPING PUBLIC
INFORMATION CAMPAIGNS

I. Establishing Objectives

A. Legitimacy

Does the organization have the authority to pursue the objectives?

1. Is the campaign related to the organization's mission? If so, how?
2. Is the campaign mandated by law?

B. Specificity

Are objectives adequately described so that progress toward and achievement of the objectives can be determined?

1. Are the objectives quantitative?
2. Are the objectives qualitative?

C. Relationship with cost and other program objectives.

1. Have the objectives been developed with adequate knowledge and consideration of program cost and costs associated with the problem?
2. Have the objectives been developed with adequate knowledge and consideration of other program objectives?

D. What are the objectives?

1. Agency recruiting.
2. To educate and/or modify behavior such as high blood pressure and smoking.

3. Promotion of government objectives such as pollution control and sale of savings bonds.
4. To inform or advise such as those eligible for Federal assistance.

II. Planning the Campaign

A. Targeting

1. The more precisely the intended audiences are identified, the better will be the specific messages based on audience knowledge, attitudes and behavior, and media habits. Has the intended audience been adequately determined?
 - a. Should the audience be general?
 - b. Should the audience be a narrow segment of the population?
 - c. Can selected audiences be prioritized?
2. How was the target audience established?
 - a. How was the prevalence of the problem determined?

B. Timing

1. What should the lifespan be?
 - a. Should the campaign be finite or continuous?
 - b. If continuous, at what level of effort?
2. Have incremental steps or milestones been established?

C. Budgeting

1. What is the basis of resource estimates?
 - a. Based on budget constraints?
 - b. Based on amount of effort needed?

D. Campaign methods

1. Is there a strategy developed which specifies a coordinated approach for each segment of the target audience?
2. Will alternative strategies, concepts, and approaches be pretested in the planning stages? If so, how?
3. What media will be used?
 - a. What products will be used for each media?
 - b. How has it been determined that the selected media and product will be successful?
4. What other communication efforts will be used?
 - a. Intermediary channels such as community and professional organizations.
 - b. Education channels.
5. Will other interpersonal approaches, such as workshops and seminars, be used?
6. Have the potential barriers to effectiveness been identified and countermeasures planned?
7. Is an outside contractor being used to support the campaign? If so, why?
 - a. What is the nature and cost of contractor support?

E. Availability of similar information

1. Has there been an effort to determine if materials and products are already in existence?
 - a. At the National Audio Visual Center?
 - b. At the Government Printing Office?
 - c. At the Consumer Information Center?
 - d. At private organizations?

III. Monitoring and controlling campaigns

- A. Is there in-process feedback on the campaign?
- B. Where does control reside?
 - 1. Public affairs management?
 - 2. Program management?

IV. Campaign effectiveness evaluation

- A. Is there a planned evaluation effort?
 - 1. What is the nature and extent of the evaluation of goal achievement and adequacy of campaign strategies?
 - 2. Are any forms of product testing planned?
- B. What are the major external influences and how have they been accounted for?
- C. How is effectiveness evaluation tied into feedback information for campaign control?

GAO REPORTS ON PUBLIC AFFAIRS
ACTIVITIES AND ADVERTISING

"Expenditures for Public Affairs Activities-Department of Defense" (B-161939, July 30, 1973)

Letter Report to Congressman Matthew Rinaldo--Public Affairs Costs in the Department of Health, Education, and Welfare, and the Department of Agriculture (LCD-75-452, September 30, 1975)

Letter Report to Congressman Edwin Eshleman--Advertising Costs for 31 Federal Agencies (LCD-76-415, October 6, 1975) and Letter Report to Senator Barry Goldwater--Advertising Costs For 31 Federal Agencies (LCD-77-415, March 18, 1977)

Letter Report to Senator William Scott--Public Relations Personnel Costs in 20 Federal Agencies and Various Other Costs (LCD-77-424, June 10, 1977)

Letter Report to Congressman Max Baucus--Government Expenditures for Public Affairs (LCD-77-434, July 12, 1977)

Letter Report to Congressman William L. Clay--Advertising Contracts in 5 Federal Agencies (LCD-77-448, September 19, 1977)

HEALTH CAMPAIGNS UNDERWAY SINCE 1973

| <u>Agency/campaign</u> | <u>Date</u> <u>(note a)</u> | <u>Estimated public</u> <u>affairs cost to date</u> <u>(note b)</u> |
|--|--------------------------------|---|
| <u>National Heart, Lung, And Blood Institute</u> | | |
| National High Blood Pressure Education Program | 1972-ongoing | \$ 464,000 |
| <u>Food and Drug Admini- stration</u> | | |
| Nutrition Labeling | 1974-ongoing | 147,000 |
| Nonprescription Medicine | 1975 | 112,000 |
| Read-the-Label | 1976 | 62,000 |
| Poison Prevention | 1977-1978 | 15,000 |
| Safe Food Handling | 1975-1976 | 164,000 |
| <u>Health Resources Admini- stration</u> | | |
| National Health Ser- vice Corps Scholar- ship Program Appli- cant Recruitment | 1978 | 13,000 |

a/Dates indicate the year(s) of principal campaign activity. Material developed under the earlier campaigns may still be in use.

b/Cost usually reflects items such as printing costs and costs to plan, develop, and implement the campaign. Public affairs salaries are not included.

| | | |
|---|-----------|--------|
| Identification Of U.S. Students in Foreign Medical Schools | 1977 | 1,200 |
| Energy Awareness for Health Care Insti- tutions | 1976-1977 | 70,000 |
| Health Career Aware- ness for Minority Children | 1976-1977 | 48,000 |
| Health Career Aware- ness | 1974 | 3,000 |
| Student Assistance for Minorities in the Health Field | 1974-1975 | 74,000 |

Alcohol, Drug Abuse, and
Mental Health Administration

| | | |
|--|------------------|--------------------|
| Nationwide Alcohol Abuse | 1971-1976 | <u>c/1,391,287</u> |
| You Can Stop Drug Abuse Before It Starts | 1977-1978 | 584,000 |
| Drug Abuse Preven- tion Week | Oct. 17-23, 1976 | 176,000 |
| Community Acceptance of Rehabilitated Drug Users | 1975 | 31,000 |
| The Brand New Lan- guage-Dealing with Drug Abuse is Deal- ing with People | 1974 | 31,000 |

c/Cost reflects contracts with a private advertising firm to plan, develop, and implement the campaign.

Health Services Admini-
stration

| | | |
|----------------------------|-----------|-------------|
| Physician Recruit- ment | 1974-1978 | d/1,207,000 |
| Family Planning | 1975 | 280,000 |

Center For Disease Control

| | | |
|--|-------------------------|-----------|
| Immunization Action Month | Oct. 1973- Oct. 1975 | 60,000 |
| Immunization Action- Every Child in '76 | 1976 | 20,000 |
| Smoking and Health | 1966-1977 | 2,500,000 |
| Swine Flu | 1976 | 350,000 |

Joint Project-Nation-
al Heart, Lung, and
Blood Institute, Center
for Disease Control, and
Health Services Admini-
stration

| | | |
|-------------------------|-----------|---------|
| National Sickle Cell | 1972-1977 | 709,000 |
|-------------------------|-----------|---------|

Office of Assistant Secretary
for Health

| | | |
|-----------------------------|--------------|---------|
| Childhood Immuni- zation | 1977-ongoing | 123,000 |
|-----------------------------|--------------|---------|

d/Costs usually do not reflect purchased advertising time and space since campaigns are dependent on free public service time and space. However, the bulk of monies is spent for the Health Services Administration's physician advertising space.

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