
February 1994

**Health,
Education,
Employment, and
Income Security
Reports**

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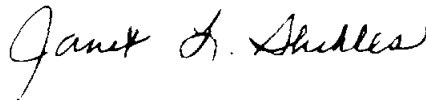
Preface

The General Accounting Office (GAO), an arm of the Congress, was established to independently audit government agencies. GAO's Health, Education, and Human Services (HEHS) Division [formerly the Human Resources Division (HRD)] reviews the government's health, education, employment, and income security programs administered in the Departments of Health and Human Services, Labor, Education, Veterans Affairs, and some other agencies.

This booklet lists the GAO products issued on these programs. It is divided into two major sections:

- **Most Recent GAO Products:** This section identifies reports and testimonies issued during the past 5 months and provides summaries for selected key products.
- **Comprehensive 2-Year Listings:** This section lists all products published in the last 2 years, organized chronologically by subject as shown in the table of contents. When appropriate, products may be included in more than one subject area.

You may obtain single copies of the products free of charge, by telephoning your request to (202) 512-6000 or faxing it to (301) 258-4066. Additional ordering details, as well as instructions for getting on our mailing list, appear at the end of this booklet.



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Contents

Preface		3
Most Recent GAO Products (September 1993 - January 1994)	Health Education Employment Income Security	6 6 12 15 18
Health (Comprehensive 2-Year Listing)	Access and Infrastructure Employee and Retiree Health Benefits Financing Health Care Reform Related Issues HHS Public Health Service Agencies Long-Term Care Malpractice Managed Care Medicare and Medicaid Military Health Care Prescription Drugs Public Health and Education Quality and Practice Standards Substance Abuse and Drug Treatment Veterans' Health Care Other Health Issues	22 22 23 23 25 25 26 27 28 28 32 33 34 35 36 37 40
Education (Comprehensive 2-Year Listing)	Department of Education Early Childhood Development Elementary and Secondary Education Higher Education School-To-Work Transition	42 42 42 44 46
Employment (Comprehensive 2-Year Listing)	Equal Employment Opportunities Labor and Management Relations Training and Employment Assistance Workplace Quality Other Employment Issues	47 47 47 49 51

Contents

Income Security (Comprehensive 2-Year Listing)	Aging	52
	Children's Issues	53
	Pensions	55
	Social Security	57
	Veterans' Benefits	59
	Welfare	60
	Other Products Related to Income Security	61
Major Contributors		63
Order Form		65
Mailing List Request Form		67

Abbreviations

ADP	automatic data processing
AFDC	Aid to Families With Dependent Children
AIDS	acquired immunodeficiency syndrome
AoA	Administration of Aging
CalPERS	California Public Employees' Retirement System
CDC	Centers for Disease Control and Prevention
CDR	continuing disability review
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CRS	Congressional Research Service, Library of Congress
CPA	Certified Public Accountant
DC	District of Columbia
DDS	disability determination services
DI	Social Security Disability Income
DOD	Department of Defense
DOE	Department of Energy
EDA	Education and Deaf Act of 1986
EEO	Equal Employment Opportunity
EEOC	Equal Employment Opportunity Commission
EPA	Environmental Protection Agency
ERISA	Employee Retirement Income Security Act of 1974
ESEA	Elementary and Secondary Education Act
FDA	Food and Drug Administration

Contents

GAO	General Accounting Office
GSA	General Services Administration
HEAF	Higher Education Assistance Foundation, Department of Education
HEHS	Health, Education, and Human Services Division, GAO
HCFA	Health Care Financing Administration
HealthPASS	Philadelphia Accessible Services System
HHS	Department of Health and Human Services
HIV	human immunodeficiency virus
HMO	health maintenance organization
HRD	Human Resources Division, U.S. General Accounting Office
HUD	Department of Housing and Urban Development
INS	Immigration and Naturalization Service
IHS	Indian Health Service
IRS	Internal Revenue Service
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JOBS	Job Opportunities and Basic Skills program
JTPA	Job Training Partnership Act
LEP	limited English proficient
NAGB	National Assessment Governing Board, Department of Education
NTID	National Technical Institute for the Deaf
OSHA	Occupational Safety and Health Administration
QMB	Qualified Medicare Beneficiary
PBGC	Pension Benefit Guarantee Corporation
PHS	HHS Public Health Service
RBRVS	Medicare Resource-Based Relative Value Scale
RFP	Request for proposals
SSA	Social Security Administration
SSI	Supplemental Security Income
TAA	Trade Adjustment Assistance
TQM	total quality management
UI	unemployment insurance
USDA	United States Department of Agriculture
USPS	United States Postal Service
VA	Department of Veterans Affairs
WARN	Worker Adjustment and Retraining Notification Act
WIC	Special Supplemental Food Program for Women, Infants, and Children

Most Recent GAO Products (September 1993 - January 1994)

Health

Selected Summaries

Long-Term Care: Private Sector Elder Care Could Yield Multiple Benefits (Report, 1/31/94, GAO/HEHS-94-60).

About 2 million working Americans are providing significant unpaid care to their elderly relatives, who live in the community and need assistance with everyday activities. An additional 6 million employed persons have disabled parents or spouses who may also need assistance with these activities. The number of employed caregivers is expected to grow as the population ages. Work and family responsibilities often conflict, and many caregivers provide assistance long distance. Companies' support for their employed caregivers could be strengthened if managers identified and actively supported the use of flexible working schedule options for elder care. Caregivers struggling to balance work and family responsibilities may find useful company services that offer them flexible schedules and needed information, while employers may see reduced work disruption, such as turnover and absenteeism. Employer-sponsored elder care can also benefit the elderly persons being helped.

Medicare and Medicaid: Many Eligible People Not Enrolled in Qualified Medicare Beneficiary Program (Report, 1/20/94, GAO/HEHS-94-52).

Families USA's 1993 national estimate that 1.8 million senior citizens were eligible for but not enrolled in the Qualified Medicare Beneficiary (QMB) program is a reasonable estimate. Federal and state governments have taken a number of actions to alert potentially eligible people about the program. The reasons cited by Federal and state officials for more people not enrolling include (1) eligible people perceiving a welfare stigma attached to the program, (2) the complicated application process, and (3) eligible people believing that the benefit of enrolling is not worth much in monetary terms. One action proposed to increase enrollment is to authorize the Social Security Administration (SSA) to determine QMB eligibility. SSA has opposed this option for a number of reasons, including insufficient resources to carry out the function.

Prescription Drugs: Companies Typically Charge More in the United States Than in the United Kingdom (Report, 1/12/94, GAO/HEHS-94-29).

We found significant differences in the prices that manufacturers charge wholesalers for identical, frequently dispensed prescription drugs sold in retail pharmacies in the United States and the United Kingdom. A market basket of 77 frequently dispensed drugs that we analyzed would cost wholesalers 60 percent more in the United States than in the United Kingdom. Price differentials tended to be dramatically smaller for more recently introduced drugs in our sample than for older products. Price differentials tended to be smaller for single-source brand-name drugs in our sample than for brand-name drugs that have generic substitutes. We found that U.S.-U.K. drug price differences are primarily due to the regulatory constraints that manufacturers face in pricing their drugs on the U.K. market and to the lack of similar constraints in the United States.

Drug Use Among Youth: No Simple Answers to Guide Prevention (Report, 12/29/93, GAO/HRD-94-24).

While fewer adolescents report alcohol and illicit drug use in current surveys than in past years, adolescents still report use. Alcohol remains the drug of choice among adolescents, with more than 57 percent of high school seniors reporting current use. Our analysis of the National Longitudinal Survey of Youth identified some risk factors. Risk factor research reveals no simple answers to explain why young people use alcohol and/or drugs. Neither our work nor other research done on risk factors to date can provide answers for the optimum mix of prevention programs and strategies.

Health Insurance Regulation: Wide Variation in States' Authority, Oversight, and Resources (Report, 12/27/93, GAO/HRD-94-26). Testimony on same topic (11/5/93, GAO/T-HRD-94-55).

Although state insurance departments are responsible for overseeing health insurers and protecting consumers, their authority extends over only part of the insurance market and varies widely among states. State insurance departments perform a variety of regulatory activities to protect consumers from insurer failures, unfair policy provisions, excessive premiums, and unscrupulous insurer business practices. However, each state insurance department's role in regulating health insurance is affected by its legal framework and regulatory philosophy. The resources state legislatures allocate to their insurance departments and the proportion the departments dedicate to regulating health insurance also varies among

states. In analyzing various health care reform proposals, the Congress needs to consider what role, if any, state insurance departments will play in enforcing new requirements that may be imposed on health insurers.

VA Health Care: VA Medical Centers Need to Improve Monitoring of High-Risk Patients (Report, 12/10/93, GAO/HRD-94-27).

High-risk patients leaving a treatment setting without staff authorization is a significant problem at 39 of VA's 158 medical centers. Systemwide, about 7,000 searches were conducted for high-risk patients who were reported as missing from their treatment settings during the two-year period of October 1, 1990, through September 30, 1992. While 99 percent of these patients were ultimately found unharmed, VA officials discovered that 34 others were dead and 19 were injured. Further, 25 remained unaccounted for as of June 1, 1993.

Hospitals: Chief Executives' Compensation (Testimony, 12/7/93, GAO/T-HRD-94-70).

To obtain nationally representative data on hospital chief executive compensation, GAO surveyed 429 hospitals participating in the federal Medicare health care system. In 1991, hospital chief executives received an average of \$131,000, with a median of \$114,541, in compensation for overseeing hospital operations. Overall, one-fourth of the chief executives earned less than \$63,000, while an equal number earned more than \$178,000. Differences in compensation amounts can largely be explained by differences in hospital characteristics, inpatient data, financial performance, and location. The actual amount of compensation reported to GAO is understated by the amount of income the chief executives receive for services to related businesses.

Health Insurance: California Public Employees' Alliance Has Reduced Recent Premium Growth (Report, 11/22/93, GAO/HRD-94-40).

The Public Employees' Retirement System (CalPERS) record of controlling the growth of health insurance premiums for participating employers has improved since 1992, outperforming most other employers. The recent trend toward slower growth in premiums, due in part to the weakened California economy, followed several years in which the average CalPERS premium increased at rates near or above nationwide averages. Several factors contributed to the System's success. CalPERS incorporates many

features of a "health alliance" as proposed under managed competition in health care reform.

Medicare: Adequate Funding and Better Oversight Needed to Protect Benefit Dollars (Testimony, 11/12/93, GAO/T-HRD-94-59).

In fiscal year 1993 Medicare cost \$146 billion, covered about 35 million beneficiaries, and processed about 700 million claims. Medicare expenditures are expected to increase to \$259 billion by 1998. Due to budgeting and management problems, the government pays too little attention to the activities protecting Medicare benefit dollars and is losing opportunities to save many millions of dollars in Medicare payments. The Health Care Financing Administration (HCFA) faces management challenges that compound funding reduction problems.

Veterans Affairs: Service Delays at VA Outpatient Facilities (Testimony, 10/27/93, GAO/T-HRD-94-5). Testimony on same topic (7/21/93, GAO/T-HRD-93-29). Report on same topic (10/15/93, GAO/HRD-94-4).

Veterans have experienced lengthy delays when they receive medical care in the more than 200 outpatient facilities operated by the Department of Veterans Affairs (VA). Veterans frequently waited one to three hours before having their nonurgent conditions examined by a physician in VA's screening clinics. Inefficient operating practices are major contributors to veterans' service delays. To be a viable competing provider under health reform as proposed by President Clinton, VA needs to quickly restructure its outpatient delivery system to provide more timely ambulatory services.

Managed Health Care: Effect on Employers' Costs Difficult to Measure (Report, 10/19/93, GAO/HRD-94-3).

Although many employers believe that, in principle, managed care plans save money, little empirical evidence exists on the cost savings of managed care. Most studies that compare firms' health care costs for employees under managed care to those under indemnity plans do not adequately control for key factors affecting cost, such as employees' age or health status. Some managed care plans have a potential for cost savings. Restrictions on employee choice of health care provider is viewed as the major constraint on employee acceptance of network-based managed care plans. Increasingly, employers are taking steps to address the need for adequate information on health plans' costs and quality.

1993 German Health Reforms: Initiatives Tighten Cost Controls
(Testimony, 10/13/93, GAO/T-HRD-94-2). Report on same topic (7/7/93,
GAO/HRD-93-103).

In 1993, Germany instituted reforms to tighten existing cost-control measures. Before 1993, Germany had budget caps for the physician and hospital sectors that were negotiated between the associations representing providers and the sickness funds. These funds provide health insurance to most Germans. The initial thrust of the 1993 reforms was government-imposed mandatory global budgets for three years. These generally limit the growth of expenditures in the physician and hospital sectors to the rate of increase of the revenues of the sickness funds. Global budgets were also instituted for the first time on the pharmaceutical and dental sectors. The government's goal is to stabilize contribution rates and save over \$6 billion the first year. Additional cost-containment measures are in various stages of development and are expected to reduce continued reliance on global budgets. Early indications are that expenditures are being reduced. Some critics, however, assert that the quality of care will be compromised as costs are squeezed.

Other Health Products

Operation Desert Storm: Problems With Air Force Medical Readiness
(Report, 12/30/93, GAO/NSIAD-94-58).

Health and Safety: DOE's Implementation of a Comprehensive Health Surveillance Program Is Slow (Report, 12/16/93, GAO/RCED-94-47).

VA Appropriations (Letter, 12/10/93, GAO/HRD-94-72R).

Nuclear Health and Safety: Examples of Post World War II Radiation Releases at U.S. Nuclear Sites (Report, 11/24/93, GAO/RCED-94-51FS).

Medicare/Medicaid Data Bank Issues (Letter, 11/15/93, GAO/HRD-94-63R).

Department of Veterans Affairs Appropriation (Letter, 11/12/93, GAO/HRD-94-57R).

VA Health Care: Tuberculosis Control Receiving Greater Emphasis at VA Medical Centers (Report, 11/9/93, GAO/HRD-94-5).

Health Care Reform: Supplemental and Long-Term Care Insurance
(Testimony, 11/9/93, GAO/T-HRD-94-58).

Medical Malpractice: Maine's Use of Practice Guidelines to Reduce Costs
(Report, 10/25/93, GAO/HRD-94-8).

Automating Medical Information (Letter, 10/22/93, GAO/AIMD-94-47R).

VA Health Care: Restructuring Ambulatory Care System Would Improve Services to Veterans (Report, 10/15/93, GAO/HRD-94-4).

Medicare: Better Guidance Is Needed To Preclude Inappropriate General and Administrative Charges (Report, 10/15/93, GAO/NSIAD-94-13).

HCFA Payment Rate for Erythropoietin (Letter, 10/13/93, GAO/HRD-94-1R).

VA Health Care: Medical Care Cost Recovery Activities Improperly Funded
(Report, 10/12/93, GAO/HRD-94-2)

Drug Control: Reauthorization of the Office of National Drug Control Policy (Report, 9/29/93, GAO/GGD-93-144).

Medical Malpractice: Estimated Savings and Costs of Federal Insurance at Health Centers (Report, 9/24/93, GAO/HRD-93-130).

VA Health Care: Labor Management and Quality-of-Care Issues at the Salem VA Medical Center (Report, 9/23/93, GAO/HRD-93-108).

Defense Health Care: Expansion of the CHAMPUS Reform Initiative Into Washington and Oregon (Report, 9/20/93, GAO/HRD-93-149).

Psychiatric Fraud and Abuse: Increased Scrutiny of Hospital Stays is Needed for Federal Health Programs (Report, 9/17/93, GAO/HRD-93-92).

Medicaid Managed Care: Healthy Moms, Healthy Kids—A New Program for Chicago (Report, 9/7/93, GAO/HRD-93-121).

Education

Selected Summaries

Limited English Proficiency: A Growing and Costly Educational Challenge Facing Many School Districts (Report, 1/28/94, GAO/HEHS-94-38).

The nation's ability to achieve the national education goals is increasingly dependent on its ability to educate limited English proficient (LEP) students. Many LEP students in the five districts that we visited received limited support in understanding academic subjects, such as math and social studies. Educators and researchers have developed approaches to provide academic subject instruction to LEP when native language instruction is not possible. The effectiveness of these programs, however, has not been definitely established. Federal programs targeted to LEP students provide important types of services for improving the education of these students; however, federal funding has not kept pace with the increase in the LEP population.

Student Loans: Millions Loaned Inappropriately to U.S. Nationals at Foreign Medical Schools (Report, 1/21/94, GAO/HEHS-94-28).

The U.S. Department of Education has not met its statutory responsibility to ensure the comparability of foreign medical schools to schools in the United States before authorizing their participation in the student loan program. As a result, GAO estimates that Education made \$118 million in loans between 1986 and 1991 to students attending foreign medical schools without assuring that the schools met U.S. standards. State medical boards are often unable to get information they need to evaluate the education of foreign-trained physicians before licensing them. As a result, educationally underqualified physicians may be entering the mainstream of American medicine.

Higher Education: Information on Minority-Targeted Scholarships (Report, 1/14/94, GAO/HEHS-94-77).

Although many schools awarded minority-targeted scholarships, these scholarships accounted for a small proportion of total scholarships and scholarship dollars in the 1991-92 academic year. Most schools awarding minority-targeted scholarships used race or ethnicity as an eligibility requirement, while few used gender, religion, or other minority status. Race or ethnicity was rarely the sole criterion; most minority-targeted

scholarships used additional criteria, such as financial need or academic merit, for awarding funds. Students receiving race-or ethnicity-based minority-targeted scholarships made up a small percentage of all racial or ethnic minority students. Four of the six schools we visited used minority-targeted scholarships to a great extent and found them valuable tools in recruiting and retaining minority students.

Rural Children: Increasing Poverty Rates Pose Educational Challenges
(Report, 1/11/94, GAO/HEHS-94-75BR).

During the 1980s, the total number of rural children declined and the number of poor children in rural areas increased. In addition, other risk factors were prevalent among poor rural children, including a growth in the number of single-female-parent families and a continued high percentage of parents with low education levels. Rural poverty was concentrated by region and by race and ethnicity. Rural counties make up over 80 percent of the counties that, under the administration's proposed county eligibility changes in the Chapter 1 program, would no longer be eligible for basic or concentration grants.

School-Linked Human Services: A Comprehensive Strategy for Aiding Students at Risk of School Failure (Report, 12/30/93, GAO/HRD-94-21).

Many different models exist for coordinating human services in schools, and no two are exactly alike. Despite the variety of program models, we found that strong leadership was one of several common characteristics of the comprehensive school-linked programs we reviewed. Some programs increase the likelihood that at-risk students will stay in school; however, few impact evaluations of these programs are available. The federal government could play an important role in promoting effective comprehensive programs for school-age children by providing support and guidance for the development of impact and cost effectiveness evaluations of these programs.

Deaf Education: Improved Oversight Needed for National Technical Institute for the Deaf (Report, 12/16/93, GAO/HRD-94-23).

The National Technical Institute for the Deaf (NTID) has not adequately accounted for its expenditure of federal funds, has inappropriately carried over federal funds from one year to the next, and may have used federal funds improperly. However, because NTID commingled its federal funds with its nonfederal funds, it is impossible to determine how federal funds

were spent. Financial audits of NTID have been limited in scope and review of NTID's programs and operations has been minimal. NTID has taken action to ensure that its federal funds are used properly. The Education of the Deaf Act Amendments of 1992 and 1993 include provisions to enhance the Department of Education's monitoring of NTID's spending and use of federal funds.

Transition From School to Work: S. 1361 Addresses Components of Comprehensive Strategy (Testimony, 9/28/93, GAO/T-HRD-93-31). Report on same topic (9/7/93, GAO/HRD-93-139).

Although American high schools direct most of their resources toward preparing students for college, only about 15 percent of the incoming college freshmen go on to graduate. A substantial number of the remaining 85 percent wander between different educational and employment experiences, many seemingly ill prepared for the workplace. Some public officials and educators are considering comprehensive school-to-work transition strategies to better prepare high school students for workplace requirements.

Other Education Products

Food Assistance: Schools That Left the National School Lunch Program (Report, 12/3/93, GAO/RCED-94-36BR).

States' Regulatory Reform Efforts (Letter, 11/3/93, GAO/HRD-94-51R).

Student Financial Aid Programs: Pell Grant Program Abuse (Testimony, 10/27/93, GAO/T-OSI-94-8).

Academy Preparatory Schools (Letter, 10/5/93, GAO/NSIAD-94-56R).

Financial Management: Education's Student Loan Program Controls Over Lenders Need Improvement (Report, 9/9/93, GAO/AIMD-93-33).

Employment

Selected Summaries

Multiple Employment Training Programs: Overlapping Programs Can Add Unnecessary Administrative Costs (Report, 1/28/94, GAO/HEHS-94-80).

Many federal employment training programs target the same populations. The overlap in client groups targeted by federal programs ranged from a low of 4 programs each, serving refugees and older workers, to a high of 18 programs, serving veterans. This overlap can add unnecessary administrative costs at each level of government—federal, state, and local. Individually, each employment training program generally has a well-intended purpose. However, collectively these programs create the potential for duplication of effort, raising questions concerning the administrative costs associated with the multitude of federal, state, and local agencies involved in operating these programs.

Multiple Employment Training Programs: Conflicting Requirements Hamper Delivery of Services (Report, 1/28/94, GAO/HEHS-94-78).

Conflicting eligibility requirements and differences in annual operating cycles are hampering the ability of programs to provide participants needed services. Despite decades of efforts to better coordinate employment training programs, conflicting requirements continue to make it difficult for program staff to coordinate activities and share resources. Differences in eligibility criteria make determining who is eligible for which program a complex process that confuses clients and frustrates administrators. Within each target group, differences in annual operating cycles also hamper the ability of program administrators to plan together to ensure participants receive the services they need.

Military Downsizing: Persons Returning to Civilian Life Need More Help from DOD (Report, 1/21/94, GAO/HEHS-94-39).

Many separatees and their spouses are not getting timely transition services as required by law. This has happened because the program has not received adequate support from DOD, military service headquarters, and from individual military and unit commanders. As a result, (1) officials responsible for providing transition services did not know who was separating, (2) separating service members were not being provided information on translating their military experience and training into

marketable civilian skills, (3) members were either not being provided individual preseparation counseling or were not receiving timely counseling, and (4) many service members and their spouses did not have the opportunity to attend transition seminars and use employment assistance centers.

Dislocated Workers: A Look Back at the Redwood Employment Training Programs (Report, 12/13/93, GAO/HRD-94-16BR).

The assistance provided to workers dislocated by the 1978 expansion of Redwood National Park was quite extensive, but few workers enrolled in retraining programs. Many workers received generous wage replacement benefits or severance payments, but these benefits were not tied to retraining. Humbolt and Del Norte were the two California counties most affected by the park expansion. Economically, Humbolt County remained relatively stable during the transition, while the Del Norte County experienced more fluctuations. Del Norte's economy did not stabilize until Pelican Bay state prison was built in the county in 1989.

Occupational Safety and Health: Differences Between Programs in the United States and Canada (Report, 12/6/93, GAO/HRD-94-15FS).

Programs to ensure occupational safety and health in the United States compared with those in Canada differ in three major areas: (1) the governmental entity responsible for operating and funding the programs, (2) the extent of worker involvement, and (3) the type of enforcement action taken. Several state-operated programs in the United States use program elements similar to those used in Canada. These states provide some information on how these programs might work in the United States. Little information is available on the effectiveness of the programs in Canada, although employer and worker representatives with whom we spoke expressed general satisfaction.

Occupational Safety and Health: Changes Needed in the Combined Federal-State Approach (Testimony, 10/20/93, GAO/T-HRD-94-3).

The Occupational Safety and Health Administration (OSHA) is responsible for overseeing states' safety and health programs to ensure they are as effective as OSHA's program. OSHA's oversight continues to have substantial weaknesses like those identified 5 years ago by GAO and the Office of the Inspector General. OSHA focuses primarily on measures of program activities (e.g. number of inspections conducted) rather than program

outcome measures (e.g. reductions in workplace injuries. GAO also found other OSHA oversight problems. OSHA corrected some of these problems in special evaluations conducted after a serious industrial accident in 1991, but it has not incorporated those changes in its procedures since that time.

Dislocated Workers: Trade Adjustment Assistance Program Flawed
(Testimony, 10/19/93, GAO/T-HRD-94-4).

Each year, approximately 1 million experienced workers lose their jobs due to business closures and permanent layoffs. Many of these workers are dislocated because of increased imports. Some workers receive assistance from the Trade Adjustment Assistance (TAA) program to help them re-enter the workforce. GAO, Department of Labor, and Mathematica studies conclude that the TAA program falls short of its goal of assisting dislocated workers to re-enter the workforce.

**Other Employment and
Training Products**

Legislative Employment: Operations in the Office of Fair Employment Practices Could Be Improved (Report, 12/9/93, GAO/GGD-94-36).

Dislocated Workers: Proposed Re-employment Assistance Program
(Report, 11/12/93, GAO/HRD-94-61).

U.S.-Mexico Trade: The Work Environment at Eight U.S.-Owned Maquiladora Auto Parts Plants (Report, 11/1/93, GAO/GGD-94-22).

Occupational Safety and Health: Changes Needed in the Combined Federal-State Approach (Testimony, 10/20/93, GAO/T-HRD-94-3).

Transition From School to Work: S. 1361 Addresses Components of Comprehensive Strategy (Testimony, 9/28/93, GAO/T-HRD-93-31). Report on same topic (9/7/93, GAO/HRD-93-139).

Unemployment Insurance: Program's Ability to Meet Objectives Jeopardized (Report, 9/28/93, GAO/HRD-93-107).

Federal Personnel: Employment Policy Challenges Created by an Aging Workforce (Report, 9/23/93, GAO/GGD-93-138).

North American Free Trade Agreement: A Focus on the Substantive Issues
(Testimony, 9/21/93, GAO/T-GGD-93-44). Report on same topic (9/9/93,
GGD-93-137).

Employee Background Checks (Letter, 9/2/93, GAO/GGD-93-62R).

Income Security

Selected Summaries

Residential Care: Some High-Risk Youth Benefit, But More Study Needed
(Report, 1/28/94, GAO/HEHS-94-56).

Residential care appears to be a viable treatment option for some high-risk youths. Each of the 18 programs we contacted reported benefits for some youths in such areas as maintaining attendance in school and avoiding drug abuse and criminal behavior. However, the programs seldom conducted controlled or comparison studies to determine how outcomes are linked to their treatment efforts, and few programs have conducted studies to show what happened to participants more than 12 months after they left the programs.

Older Americans Act: Title III Funds Not Distributed According to Statute
(Report, 1/18/94, GAO/HEHS-94-37).

The method followed by the Administration of Aging (AoA) in allotting funds under title III of the Older Americans Act is inconsistent with the act's basic requirement that the distribution of funds among the states be proportional to their elderly populations to the maximum extent possible. Under AoA's method, the amounts allotted per elderly person are not equal in similarly populated states, and states with more rapidly growing elderly populations are underfunded.

Breastfeeding: WIC's Efforts to Promote Breastfeeding Have Increased
(Report, 12/16/93, GAO/HRD-94-13).

State programs under the Supplemental Food Program for Women, Infants, and Children (WIC) have substantially increased their breastfeeding promotional efforts since the 1989 reauthorization of the WIC program. Local WIC sites we visited integrated breastfeeding education into their nutrition education services. Increasing the rate of breastfeeding among WIC participants may not lower total WIC food costs appreciably, even if the

total amount of formula purchased is reduced. Between 1989 and 1992, the incidence of breastfeeding in-hospital increased nearly 12 percent among WIC participants, compared to 5 percent among nonparticipants, according to data from the Ross Laboratories' Mothers Survey.

Social Security: Increasing Number of Disability Claims and Deteriorating Service (Report, 11/10/93, GAO/HRD-94-11). Testimony on same topic (3/25/93, GAO/T-HRD-93-11).

Claim backlogs and processing times for Social Security Disability Income (DI) and Supplemental Security Income (SSI) programs reached an all-time high in fiscal year 1992. GAO found that between 1990 and 1992 these backlogs and processing times increased nearly 50 percent. Some states take more than five months to process claims. The Social Security Administration (SSA) and the states' disability determination services (DDS) have not been able to keep up with the high rate of claims submitted for benefits. Problems resulting from increased workloads include increased workforce stress and use of overtime, employees not performing their normal duties, a decline in workforce morale, an increase in claims being set aside, and a decline in automated systems support.

Social Security: Sustained Effort Needed to Improve Management and Prepare for the Future (Report, 10/27/93, GAO/HRD-94-22). Testimony on same topic (10/28/93, GAO/T-HRD-94-46).

This is the third in a series of GAO reports assessing SSA's effectiveness in preparing for the future and managing current operations. This report assesses SSA's progress in making improvements to its strategic management, information resource management, human resource management, and financial management systems. Failure to meet SSA's management challenges could have serious consequences. SSA currently provides benefits to about 47 million people, and the agency will have to provide benefits and services to many more people in the future.

State and Local Finances: Some Jurisdictions Confronted by Short- and Long-Term Problems (Report, 10/6/93, GAO/HRD-94-1). Testimony on same topic (10/6/93, GAO/T-HRD-94-1).

From 1985 to 1991, state and local governments faced a challenge in responding to varied spending and revenue pressures. This led jurisdictions to reevaluate their spending priorities, control program growth, cut some services, and increase revenues. GAO identified several

large cities that faced not only a short-term problem of budget deficits, but also a long-term deterioration in the public services they provide.

Benefits for Illegal Aliens: Some Program Costs Increasing, But Total Costs Unknown (Testimony, 9/29/93, GAO/T-HRD-93-33).

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Refugee Resettlement: Unused Federal Funds in 1991 and 1992 (Report, 12/7/93, GAO/HRD-94-44).

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D.C. Pension Benefits (Report, 11/4/93, GAO/HRD-94-18).

Armed Forces Retirement Home (Letter, 11/3/93, GAO/HRD-94-49R).

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Nonprofit Hospitals: For-Profit Ventures Pose Access and Capacity Problems (Report, 7/22/93, GAO/HRD-93-124).

Veterans Affairs: Accessibility of Outpatient Care at VA Medical Centers (Testimony, 7/21/93, GAO/T-HRD-93-29).

Organ Transplants: Increased Effort Needed to Boost Supply and Ensure Equitable Distribution of Organs (Report, 4/22/93, GAO/HRD-93-56). Testimony on same topic (4/22/93, GAO/T-HRD-93-17).

Indian Health Service: Basic Services Mostly Available; Substance Abuse Problems Need Attention (Report, 4/9/93, GAO/HRD-93-48).

Health Care: Rochester's Community Approach Yields Better Access, Lower Costs (Report, 1/29/93, GAO/HRD-93-44).

Emergency Departments: Unevenly Affected by Growth and Change in Patient Use (Report, 1/4/93, GAO/HRD-93-4).

District of Columbia: Barriers to Medicaid Enrollment Contribute to Hospital Uncompensated Care (Report, 12/29/92, GAO/HRD-93-28).

Bone Marrow Transplants: National Program Has Greatly Increased Pool of Potential Donors (Report, 11/4/92, GAO/HRD-93-11).

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(Comprehensive
2-Year Listing)**

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(Comprehensive
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**Education
(Comprehensive
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(Comprehensive
2-Year Listing)**

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