

# Accountability Report

February 28, 2001



# 2000

Fiscal Year

# Table of Contents

Message from the Secretary .....	v
Message from the Chief Financial Officer .....	vii
Introduction .....	ix
Programs and Services Highlights .....	x
Financial Accountability Highlights .....	xiv
<b>SECTION I: Overview of Key Programs and Services .....</b>	<b>I</b>
HHS Mission, Strategic Goals, and Objectives .....	I.1
HHS Partners: Working Together .....	I.2
HHS' Organization: Structured to Accomplish Our Mission .....	I.4
HHS Performance on Key Programs and Services .....	I.5
Reduce the Major Threats to the Health and Productivity of All Americans .....	I.8
Improve the Economic and Social Well-being of Individuals, Families, and Communities in the United States .....	I.11
Improve Access to Health Services and Ensure the Integrity of the Nation's Health Entitlement and Safety Net Programs .....	I.18
Strengthen the Nation's Health Science Research Enterprise and Enhance Its Productivity ...	I.26
HHS Performance on Other Programs of Interest .....	I.31
<b>SECTION II: Overview of Foundations for Accountability .....</b>	<b>II</b>
Essential Foundation for Accomplishing HHS Programs .....	II.1
Human Capital Assets .....	II.1
Information Technology .....	II.3
Management Activities to Improve Accountability .....	II.6
Department-wide Accounting Policy Infrastructure .....	II.6
Department-wide Travel Management and Policy Infrastructure .....	II.6
Debt Management .....	II.7
Grants Streamlining .....	II.9
Efforts to Reduce Program Management Risks in Medicare .....	II.10
Financial Management and Related Performance Measures .....	II.12
<b>SECTION III: Overview of Financial Performance .....</b>	<b>III</b>
Financial Statement Reporting .....	III.1
Financial Statement Audit Findings and Management Comments .....	III.2
Limitations of the Financial Statements .....	III.2
Analysis of Financial Position (Balance Sheet) .....	III.4
Assets .....	III.4
Liabilities .....	III.7
Analysis of Net Position: Balance Sheet and Statement of Changes .....	III.9
Analysis of Net Cost of Operations .....	III.10
Analysis of the Statement of Budgetary Resources .....	III.1.1
Analysis of the Statement of Financing .....	III.12

<b>SECTION IV: Financial Statements, Notes, Supplemental and Other Accompanying Information .....</b>	<b>IV</b>
Principal Financial Statements and Notes .....	IV.1
Consolidated Balance Sheet .....	IV.2
Consolidated Statement of Net Cost .....	IV.3
Consolidated Statement of Changes in Net Position .....	IV.4
Combined Statement of Budgetary Resources .....	IV.5
Combined Statement of Financing .....	IV.6
Notes to Financial Statements .....	IV.7
Required Supplementary Stewardship Information .....	IV.33
Stewardship Property, Plant, and Equipment .....	IV.34
Stewardship Investments .....	IV.35
Social Insurance .....	IV.37
Required Supplementary Information .....	IV.54
Combining Statement of Budgetary Resources .....	IV.55
Condensed Balance Sheet — Franchise and Intra-governmental Support Revolving Funds .....	IV.56
Condensed Statement of Net Cost — Franchise and Intra-governmental Support Revolving Funds .....	IV.57
Deferred Maintenance .....	IV.58
Intra-governmental Transactions — Assets .....	IV.59
Intra-governmental Transactions — Liabilities .....	IV.60
Intra-governmental Transactions — Revenues and Expenses .....	IV.61
Other Accompanying Information .....	IV.62
Consolidating Balance Sheet by Budget Function .....	IV.63
Consolidating Balance Sheet by Operating Division .....	IV.65
Consolidating Statement of Net Cost by Budget Function .....	IV.67
Cross Cost and Exchange Revenue .....	IV.68
Consolidating Statement of Changes in Net Position by Budget Function .....	IV.69
Public and Intra-governmental Net Costs .....	IV.70
 <b>SECTION V: Independent Auditors' Report on HHS Financial Statements and Management Response .....</b>	 <b>V</b>
 <b>SECTION VI: Overview of Other Performance Information .....</b>	 <b>VI</b>
Compliance and Progress with Certain Financial Management Statutes .....	VI.1
Prompt Pay .....	VI.1
Civil Monetary Penalties .....	VI.2
HHS FY 2000 Federal Financial Management Improvement Act (FFMIA) Compliance .....	VI.2
HHS FY 2000 Federal Managers Financial Integrity Act (FMFIA) Report on Systems and Controls .....	VI.5
Management Report on Final Action .....	VI.19
Inspector General's Semi-annual Report Summary .....	VI.34
Top Management Issues Identified by the Office of Inspector General and Management Response .....	VI.35
Grants Management .....	VI.43
Procurement Management .....	VI.46
HHS Program Net Outlays .....	VI.48
 <b>Appendices:</b> Appendix A: HHS Organization and Operations .....	 A.1
Appendix B: HHS Financial Management Organization and Operations .....	B.1
Appendix C: Comprehensive list of HHS Programs Net Costs .....	C.1
Appendix D: List of Acronyms .....	D.1
Appendix E: Legislation .....	E.1
Appendix F: References .....	F.1
Appendix G: Acknowledgments .....	G.1

## Message from the Secretary

I am pleased to present the Fiscal Year 2000 *Accountability Report* for the U.S. Department of Health & Human Services (HHS). This report, prepared by our Office of the Chief Financial Officer, demonstrates the Department's commitment to accountability throughout our organization, focusing on both our financial operations as well as our programmatic results. I am also pleased to report that the Department has earned its second "clean" opinion on its audited financial statements.

HHS is responsible for an incredibly broad array of complex issues and programs including Medicare and Medicaid, medical research, community health services, food and drug safety, child welfare and support enforcement, Head Start, health promotion, disease prevention, and financial assistance for needy families, to name a few. The programs and activities of the Department touch the lives of Americans every day in unseen ways, and we are accountable to them for our actions and their taxpayer dollars.

I am excited about my new responsibilities as Secretary of HHS, and I have already begun to consider ways that I can improve the management of the Department. I plan to streamline HHS' decentralized approach to departmental management with the goal of enhancing coordination, eliminating costly duplication of efforts, and developing unified approaches to several of the key management challenges facing the Department. I will also review opportunities for managing and consolidating similar programs. I will be supporting plans for modernization of our financial systems, efforts to protect our program information systems from cyber-terrorism and privacy abuses, enhancements to our information systems to improve communication within the Department, and improvements to streamline our grants application and delivery processes. Additionally, I will be addressing concerns about the management of the Health Care Financing Administration (HCFA), and will consider fundamental changes in HCFA's mission and structure.

Our accountability is also illustrated in our ability to detect and correct material weaknesses in our operations. This report includes information that satisfies the reporting requirements for the Federal Managers' Financial Integrity Act (FMFIA) of 1982. The management control material weaknesses (as defined by FMFIA) we have identified

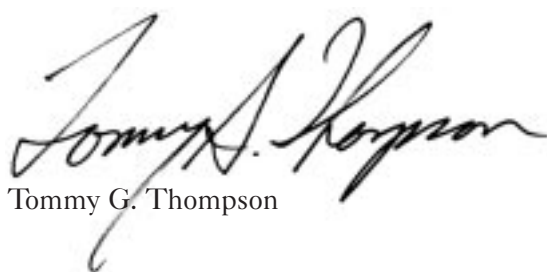
at the end of FY 2000 are presented in Section VI of this report. I hereby provide reasonable assurance that taken as a whole:

1. HHS is in compliance with the management control and financial systems requirements of the FMFIA; and
2. The resources entrusted to the Department are protected from fraud, abuse, and mismanagement, though we have noted and are addressing the material weaknesses identified in this report.

The Reports Consolidation Act of 2000 requires a Secretarial assertion on the information contained in this report. Therefore, it is my assertion that the financial information contained in this report is complete and reliable, based upon data contained in the Department's and contractors' financial information systems, and is reported in conformance with Generally Accepted Accounting Principles (GAAP). Further, it has been deemed to "fairly represent" the financial condition and results of operations of the Department by our Office of Inspector General. Regarding program performance information, the FY 2002 Performance Plans and Reports of the HHS components will include descriptions of the means HHS programs use to verify and validate performance data and any related data issues, including the completeness and reliability of the data. Where required, the programs have included discussions of any actions planned and/or completed to improve the completeness and reliability of the data.

I welcome your interest in the Department and believe you will find this document to be a very informative summary of the Department's structure, finances, operations, and accomplishments.

Sincerely,

A handwritten signature in black ink, appearing to read "Tommy G. Thompson". The signature is fluid and cursive, with a large initial "T" and "G".

Tommy G. Thompson

## Message from the Chief Financial Officer

The U.S. Department of Health and Human Services (HHS) accomplished a great deal in FY 2000 as readers will find in this *Accountability Report*. As its name indicates, this document is our most effective medium to comprehensively demonstrate our accountability to the taxpayers for the hundreds of billions of dollars entrusted to us to run our programs.

For the second year, the Department's consolidated financial statements have earned a "clean" opinion from our Office of Inspector General. This is extremely significant, given the size and complexity of HHS. With net outlays of \$382.6 billion (21.4% of all federal net outlays), the Department is one of the most complex federal agencies to have earned a clean opinion. This is a significant accomplishment and a major component of the government-wide audit effort.

Our "clean" opinion is particularly noteworthy given the state of our financial systems: many financial statement preparation processes are painstakingly accomplished with manual efforts. Our vision of HHS financial management in the future is to have the financial management systems completely automated and better integrated to serve more as a real-time management information tool for strategic decision-making, rather than simply a recorder of historic transactions. We are working to that end.

In addition to our successes in the financial statement audit arena, we have minimized our penalties paid on late payments to vendors, increased our collections from federal debtors, made progress in resolving internal control weaknesses, and taken steps to modernize our financial systems.

I trust you will find this report useful and informative.

Sincerely,



Dennis Williams  
(Acting) Chief Financial Officer

## Introduction

This is the fifth annual *Accountability Report* for the U.S. Department of Health and Human Services (HHS). It is our report to our “stockholders,” the American public, and as such we are accounting for the return on the taxpayers’ investment. We are also providing this information for the wide array of decision-makers who are interested in our performance, including the Office of Management and Budget and the Congress.

The HHS *Accountability Report* is produced under the Reports Consolidation Act of 2000. Prior to this new act, it was developed under the auspices of the Government Management Reform Act.

This report covers the period of October 1, 1999 through September 30, 2000, Fiscal Year (FY) 2000, and contains a high level overview of

- what we do,
- what we did with the federal funds entrusted to us, and
- how well we managed them.

To substantiate what we say, the report contains a discussion of key program, management, financial, and performance information (Sections I–III), that constitute the Management Discussion and Analysis which accompanies financial statements. The report also includes the Department’s FY 2000 financial statements that discuss our financial condition (Section IV) and encloses the auditors’ opinion which is an independent, objective assessment of how accurately we have represented our financial condition (Section V). Also this comprehensive report contains other streamlined reports required under various statutes that require accountability for our management financial, and program performance (Section VI). In addition, this year it contains more information on the actual costs of our programs.

For the convenience of the reader, we have extracted major highlights of the various sections of this report into the Program and Services Highlights and the Financial Accountability Highlights pages that immediately follow this Introduction.

By synthesizing all of this information into a single report, we hope to provide a more complete, accurate, and useful understanding of the Department. Most of our components also are issuing similar reports; those will give the reader more detailed program and financial information.

For more information, please contact the appropriate people listed on the back inside page of this report. Web sites are also provided in the front inside cover and back cover for your convenience.

### Costs vs. Outlays

Two key concepts are critical to understanding of the HHS financial story. Expenses are one of the ingredients of the financial statements that are in Section IV of this report:

- Costs are computed using accrual accounting techniques that recognize costs as services are rendered or consumed by HHS during a specific fiscal year, rather than when funds are received or paid.
- Outlays refer to the issuance of checks, disbursements of cash, or electronic transfer of funds made to liquidate an expense regardless of the fiscal year the service was provided or the expense was incurred. Budget outlays are important because they are used to identify budget surpluses or deficits. Both concepts are important in understanding the financial condition of HHS.

# Programs and Services Highlights

The following are highlights of how well HHS and its partners performed in their efforts to accomplish the intended results of the key programs and services that are discussed in this report. The intended results are based on HHS' six strategic goals. A more detailed discussion of these program performance highlights is contained in Section I of this report.

### HHS Strategic Goals

- Goal 1** Reduce the major threats to the health and productivity of all Americans.
- Goal 2** Improve the economic and social well-being of individuals, families, and communities in the United States.
- Goal 3** Improve access to health services and ensure the integrity of the nation's health entitlement and safety net programs.
- Goal 4** Improve the quality of health care and human services.
- Goal 5** Improve the nation's public health systems.
- Goal 6** Strengthen the nation's health science research enterprise and enhance its productivity.

HHS' programs and services are well known to the American public. They include Medicare, Medicaid, State Children's Health Insurance Program, Temporary Assistance to Needy Families (welfare reform), the children's programs of Child Care, Child Welfare, Child

Support Enforcement, and Head Start, as well as Substance Abuse Prevention and Treatment block grants, Infectious Diseases, and Biomedical and Medical Research. More information on these programs and the explanation for the HHS approach to performance data is contained in Section I. HHS performance should be assessed based on trends, especially for those performance areas where data is not available yet.



A bull's-eye denotes performance that met or exceeded the FY 2000 target.

## ***We Assisted States and Local Governments in Reducing Tobacco Use, Especially Among Youth***

### **Objective: Reduce Youth Tobacco Use**

Increase the number of states whose retail sales violations for illegal tobacco sales to individuals under age 18 is at or below 20%

Actual Performance				Target
FY 1997	FY 1998	FY 1999	FY 2000	FY 2000
Baseline: 4 states	12 states	21 states	25 states	26 states

HHS, working with its partners, engaged in numerous activities designed to reduce the use of tobacco, especially among youth. Among our activities was a continuing effort to eliminate opportunities for under age individuals to illegally purchase tobacco at retail locations.

### **Objective: Reduce AIDS Transmission**

Decrease the number of AIDS cases related to injected drug use

Actual Performance			Target
FY 1997	FY 1999	FY 2000	FY 2000
15,700 cases Numbers represent diagnosed cases adjusted for reporting delay with risk redistributed	A total of 12,027 cases 23% reduction from FY 1997 (new data)	Data will be available in July 2001	Decrease by 10% from the 1997 base of 15,700 cases diagnosed to 14,130 Target was set before FY 1999 actuals were known

## ***We Worked Cooperatively with Health Care Providers to Reduce the Incidence and Impact of Infectious Diseases***

HHS, working with many organizations, helped to reduce the incidence of dangerous infectious diseases. Among many efforts, HHS has provided important services to help reduce the number of AIDS cases related to the injection of illegal drugs.



### ***We Assisted State, Local, and Tribal Governments in Improving the Economic Independence of Low-Income Families***

Improving the economic independence of low-income families is an important goal in the overall effort to assure more effective health and well-being of the public. Through the Temporary Assistance to Needy Families Program (TANF), HHS, working with the states, has helped to strengthen economic and community support for low-income families.

<b>Objective: Increase Work Participation Rates</b>				
All states meet the Temporary Assistance to Needy Families program two-parent families work participation rates of 90%				
Actual Performance				Target
FY 1998	FY 1999	FY 2000		FY 2000
66% of states	75% of states	Data will be available in December 2001		100% of states

### ***We Helped Increase Parental Involvement and Financial Support of Noncustodial Parents in the Lives of Their Children***

HHS, working with a variety of parties, helped to strengthen family ties and provide sufficient resources to support children. HHS helped to achieve more parental involvement in the lives of their children and assure that noncustodial parents do their part to support their children.

<b>Objective: Increase Financial Support for Children</b>				
Increase the amount of child support collections				
Actual Performance				Target
FY 1997	FY 1998	FY 1999	FY 2000	FY 2000
\$13.38 billion	\$14.367 billion	\$15.8 billion	\$17.9 billion	\$20.8 billion

### ***We Supported Local Communities in Improving the Healthy Development and Learning Readiness of Preschool Children***

HHS is involved in many programs to assist the development and learning of both the school-age and adult population. Among the most successful efforts has been the program to assist preschool children, especially with Head Start, a program that prepares children for more effective learning in the school environment.

<b>Objective: Provide Healthy Development and Learning Readiness for Preschool Children</b>			
Increase the number of classroom teachers with appropriate education for Head Start			
Actual Performance			Target
FY 1998	FY 1999	FY 2000	FY 2000
95%	93%	94%	100%

### ***We Increased the Safety and Security of Children and Youth***

HHS continues important activities to provide safe and secure environments for children and youth. Adoption is an important component of this effort as a way to provide more stable and productive homes and lives to children.


<b>Objective: Increase Adoptions to Provide Stable Homes to Children</b>						
Increase the number of adoptions						
Actual Performance						Target
1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2000
26,000	28,000	31,000	36,000	46,000	Data will be available in September 2001	46,000

## Programs and Services Highlights, continued

### *We Helped to Improve Access to Health Care*

#### **Objective: Increase Medicare Enrollment**

Improve access to care for elderly and disabled Medicare beneficiaries who do not have public or private supplemental insurance

Actual Performance			Target
FY 1998 Trend is a 2% increase (baseline)	FY 1999 Goal met	FY 2000 4% 5,499,349 beneficiaries were enrolled; an increase of 333,808 	FY 2000 Increase enrollment by 4% over baseline

Broad access to health care is a fundamental goal of HHS. Through a variety of programs, and with numerous partners, HHS tries to ensure that people without any — or sufficient — insurance obtain needed care. Medicare provides coverage to 39.5 million beneficiaries and Medicaid covers 33.4 million enrollees, some of whom are eligible for both programs.

### *We Helped to Improve the Quality of Care for Medicare Beneficiaries*

#### **Objective: Improve Heart Attack Survival Rates**


Lower the one-year mortality rate for Medicare beneficiaries following hospital admission for heart attack

Actual Performance						Target
1995–1996 31.2% mortality rate (baseline)	1996–1997 31.1%	1997–1998 31.7%	1998–1999 Expect interim data June 2001	1999–2000 Expect data June 2002	2000–2001 Expect data June 2003	FY 2000 27.4% mortality rate Target period overlaps FY 2000 and FY 2001

Improving the quality of health care is central to our mission. Medicare beneficiaries, typically older individuals, have health issues not always common to the general population and, therefore, require special focus.


### *We Contributed to the Increase in the Number of Children with Health Care Coverage*

#### **Objective: Increase Medicaid and SCHIP Enrollment**

Actual Performance	Target
The goal was met and surpassed in FY 2000 since an additional 1,679,000 million children were enrolled in these programs. 	The FY 2000 goal was to increase the combined enrollment of children in Medicaid and SCHIP by one million above the 1999 level.


### ***We Improved the Fiscal Integrity of Medicare and Medicaid and Enhanced the Value of Services Purchased for Beneficiaries***

The complexity of Medicare payments systems and policies, and the number of contractors, providers, and insurers involved in the Medicare fee-for-service program create vulnerabilities that can result in improper payments.

<b>Objective: Reduce the Medicare Error Rate</b>					
Reduce the percentage of improper payments made under the Medicare fee-for-service program					
<b>Actual Performance</b>					<b>Target</b>
FY 1996 14% (baseline)	FY 1997 11%	FY 1998 7%	FY 1999 7.97%	FY 2000 6.8% 	FY 2000 7%


### ***We Advanced the Scientific Understanding of Normal and Abnormal Biological Functions and Behaviors***

HHS is involved in and encourages a multitude of scientific research efforts designed to expand our understanding of health, medicine and science issues. Understanding the basic structure of humans is one part of our rewarding work.

<b>Objective: Complete the Human Genome Sequence</b>	
<b>Actual Performance</b>	<b>Target</b>
<p>FY 2000</p> <p>The Human Genome Project public consortium reached a historic milestone in FY 2000 by completing a “working draft” of the sequence of the human genome (88% complete, 99.9% accurate). The U.S. contributed 67% of the working draft sequence; 87% of the U.S. total was contributed by NIH.</p> 	<p>FY 2000</p> <p>Worldwide effort completes “working draft” of human genome sequence (90% complete, 99% accurate). The United States contributes two-thirds of that amount, and NIH contributes 85% of U.S. total</p>

### ***We Improved the Communication and Application of Health Research Results***

Obtaining research useful to improving the health and well-being of the public must be leveraged through effective communication and utilization of the results. Working with a variety of organizations, HHS has helped to improve the dissemination of important scientific and medical information and worked to improve its application in practical ways.

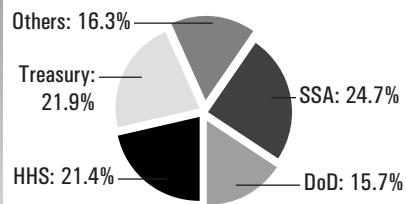
<b>Objective: Communicate Research Results</b>	
<b>Actual Performance</b>	<b>Target</b>
<p>FY 2000</p> <p>The Clinical Trials Database became available to the public on February 29, 2000. At launch, it contained approximately 4,000 trials. As of November 2000, the database contained more than 5,000 clinical trials at more than 47,000 locations nation-wide.</p> 	<p>FY 2000</p> <p>Expand the Clinical Trials Database to include trials from other federal agencies and the private sector</p>

# Financial Accountability Highlights

These charts summarize key information on FY 2000 financial activities, audit findings, and actuarial projections. Details are provided in this report.

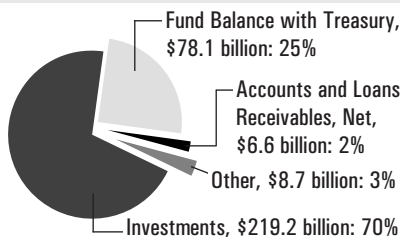
## Outlays and Financial Statements

**Federal FY 2000 Net Outlays by Agency**



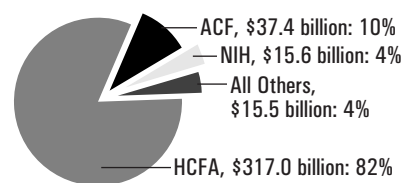
Source: Final Monthly Treasury Statement of Receipts and Outlays of the United States Government. (Treasury includes interest on federal debt.)

**HHS FY 2000 Assets by Type**

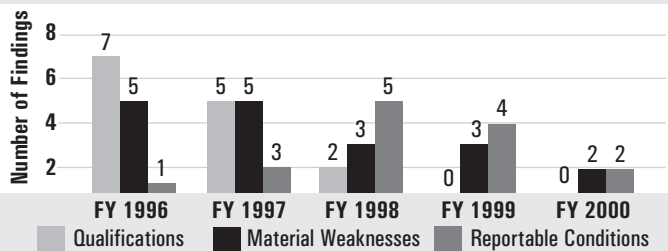


Note: Most HHS assets are Medicare's claims on the U.S. Treasury for investments in securities, and are categorized as Intra-governmental.

**HHS FY 2000 Net Cost of Operations by HHS Component**



**HHS Department Level Audit Findings History**



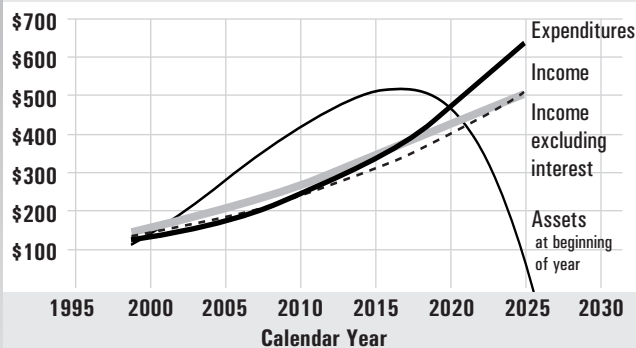
## Audit Findings

**FFMIA Instances of Non-Compliances**

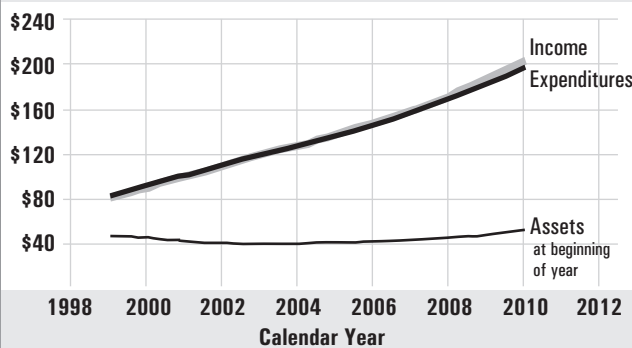
- 1 Accounting systems not adequate to prepare reliable and timely financial statements
- 2 EDP Systems Control weaknesses at HCFA's Medicare contractors.

## Medicare Trust Funds

**Hospital Insurance (HI) Income, Expenditures, and Assets: 1999–2025 (in billions)**



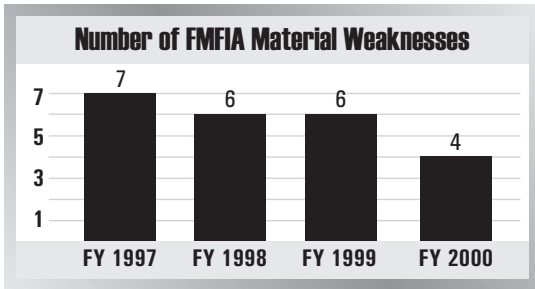
**Supplementary Medical Insurance (SMI) Income, Expenditures, and Assets: 1999–2025 (in billions)**



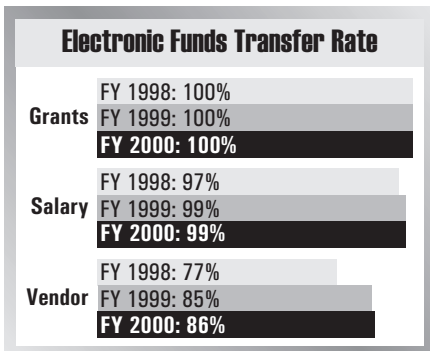
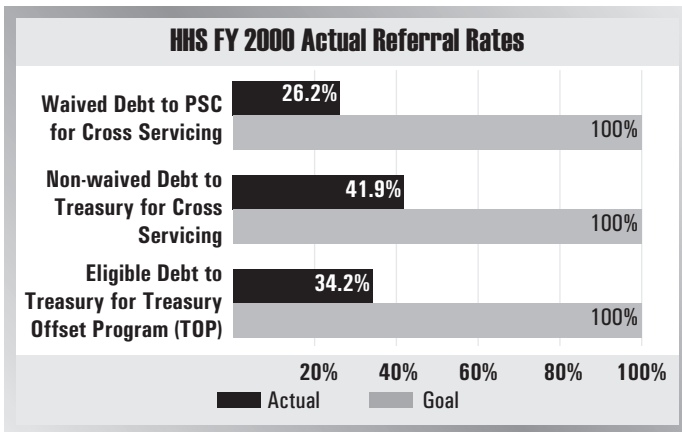
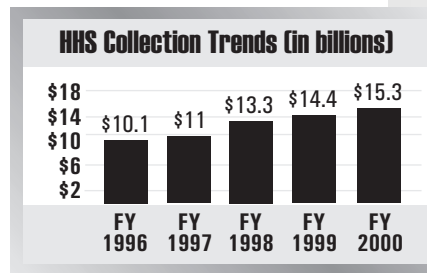
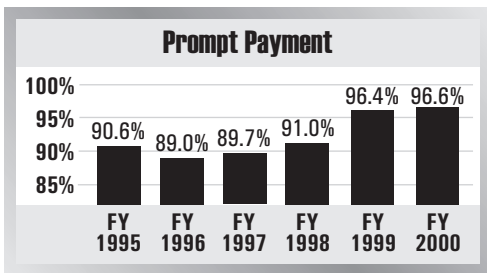
Note: **Hospital Insurance**, also known as HI or Medicare Part A, is usually provided automatically to people aged 65 and over who have worked long enough to qualify for Social Security benefits and to most disabled people entitled to Social Security, End Stage Renal Disease or Railroad Retirement benefits. **Supplementary Medical Insurance**, also known as SMI or Medicare Part B, is available to nearly all people aged 65 and over, End Stage Renal Disease beneficiaries and disabled people entitled to Part A.

Source: HCFA/OAct

## Management Control Program



## Payments and Collections



## Financial Accountability Highlights, continued

### FY 2000 Net Costs of Key HHS Programs

The following table presents the key programs managed by the Department that incurred costs over \$1.0 billion during FY 2000. The programs are listed in descending order of their net cost and within the framework of HHS strategic goals and budget functions. The net cost information is extracted from draft and final HHS components' FY 2000 Consolidated Statements of Net Cost.

**FY 2000 Net Costs of Key HHS Programs (in thousands)**

Key HHS Programs	Budget Function	FY 2000 HHS Net Cost	Supports HHS Strategic Goals	HHS Component Responsible for Program
Medicare	Medicare	\$ 197,041,000	Goals 1, 2, 3 & 4	Health Care Financing Administration
Medicaid	Health	\$ 118,705,000	Goals 1, 2, 3 & 4	Health Care Financing Administration
Temporary Assistance to Needy Families	Education, Training & Social Services/ Income Security	\$ 16,366,930	Goal 2	Administration for Children and Families
Research Program	Health	\$ 14,690,329	Goal 6	National Institutes of Health
Child Welfare	Education, Training & Social Services/ Income Security	\$ 5,735,557	Goal 2	Administration for Children and Families
Head Start	Education, Training & Social Services/ Income Security	\$ 4,677,539	Goal 2	Administration for Children and Families
Child Care	Education, Training & Social Services/ Income Security	\$ 3,260,168	Goal 2	Administration for Children and Families
Child Support Enforcement	Education, Training & Social Services/ Income Security	\$ 2,630,516	Goal 2	Administration for Children and Families
Social Services Block Grant	Education, Training & Social Services	\$ 1,849,521	Goal 2	Administration for Children and Families
Substance Abuse Prevention and Treatment	Health	\$ 1,614,606	Goal 1	Substance Abuse and Mental Health Services Administration
HIV/AIDS Programs	Health	\$ 1,604,835	Goal 3	Health Resources and Services Administration
Low Income Home Energy Assistance	Education, Training & Social Services/ Income Security	\$ 1,508,110	Goal 2	Administration for Children and Families
Clinical Services	Health	\$ 1,276,002	Goal 3	Indian Health Service
State Children's Health Insurance Program	Health	\$ 1,273,000	Goals 1, 2 & 3	Health Care Financing Administration
Primary Health Care	Health	\$ 1,261,921	Goal 3	Health Resources and Services Administration
Infectious Diseases	Health	\$ 1,090,729	Goals 1 & 5	Centers for Disease Control and Prevention