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Annual report pdf 2020

Public assistance programs make millions of dollars in improper payments every year. Some of these improper payments occur because state and local agencies that administer the programs lack adequate, timely information to determine recipients' eligibility for assistance. This inability to share information can result in both federal and state tax dollars being needlessly spent on benefits for the same individuals and families in more than one state. In 1997, staff at the Administration for Children and Families (ACF) within the Department of Health and Human Services (HHS) began a project to help states share eligibility information with one another. The public assistance reporting information system (PARIS) interstate match helps states share information on public assistance programs, such as Temporary Assistance for Needy Families (TANF) and Food Stamps, to identify individuals or families who may be receiving benefit payments in more than one state simultaneously. Officials in almost all of the 16 states and the District of Columbia that participated in PARIS reported that the project has helped identify improper TANF, Medicaid, or Food Stamp payments in more than one state. Despite its successes, the project also has several limitations. First, the opportunity to detect improper duplicate payments is not as great as it could be because only one-third of the states participate in the project. Second, participating states do not have adequate protocols or guidelines to facilitate critical interstate communication. As a result, some states have reported problems that compromise the effectiveness of the project, such as difficulty determining whether an individual identified in a match is actually receiving benefits in another state. Third, state administrators for the TANF, Medicaid, and Food Stamp programs have not always placed adequate priority on using PARIS matches to identify recipients who are residing in other states. As a result, individuals may continue to receive or have benefits paid on their behalf in more than one state even after they were identified through the matching process. Finally, because the PARIS match is only designed to identify people after they are already on the rolls, it does not enable the states to prevent improper payments from being made in the first place. About the GAO The U.S. Government Accountability Office (GAO) is an agency that works for Congress and the American people. Congress asks GAO to study the programs and expenditures of the federal government. GAO, commonly called the investigative arm of Congress or the congressional watchdog, is independent and nonpartisan. It studies how the federal government spends taxpayer dollars. GAO advises Congress and the heads of executive agencies (such as Environmental Protection Agency, EPA, Department of Defense, DOD, and Health and Human Services, HHS) about ways to make government more effective and responsive. GAO evaluates federal programs, audits federal expenditures, and issues legal opinions. When GAO reports its findings to Congress, it recommends actions. Its work leads to laws and acts that improve government operations, and save billions of dollars. This issue marks Fast Company's first anniversary — a year of growth, exploration, discovery, and change. Much about the magazine has evolved over our first six issues. We've been finding our editorial voice, fine-tuning our look and feel, evolving the formats in which we present ideas and information. What has remained rock solid, though, are the core beliefs around which we launched the magazine: the proposition that a new generation of businesspeople is changing how people work and what work stands for; that as a result, companies are changing in fundamental ways; and that business, in turn, has become the most powerful force changing the world.For the magazine as a product, Year 1 has been about hits and misses, trial and error, and learning from reader feedback. We've been looking for — and finding — a new cast of characters to write about, people and companies whose triumphs and struggles speak to challenges of creating this new world of business. We've been identifying the opportunities and worries of the new-company hard chargers, big-company change agents, and future-of-business thinkers who are creating the new rules by which everyone else is being forced to play.For the magazine as a movement, Year 1 has been about the growing support for a shared agenda among businesspeople in companies of all sizes, in all industries, of all ages, who rally to a set of emerging principles of work and life. For Fast Company as a team, it's been about the gratifying support we've received from readers, advertisers, new-found friends, and long-standing allies.The FutureYear 2 begins with this issue — and with a look both back and forward. To commemorate our first anniversary, we've created a special "Unit of One Handbook" full of provocative ideas and tangible advice. We invited 33 of the business leaders we chronicled in our first six issues to each contribute one idea for the year ahead that one person could put to use. The four themes around which we've organized these contributions — leadership, personal success, change, learning — represent four key elements of what Fast Company will cover in the year ahead.Our cover story for Year 2 is also a look back and forward: FC1 stated our opening manifesto for the future of business: "Work is Personal. Computing is Social. Knowledge is Power. Break the Rules." FC 7 offers a manifesto for the most powerful force sweeping business today — the startup revolution. Whether you're starting a company, joining a startup — or seeking to rejuvenate an older company so it feels like a startup — we live an economy of startups. It's where the action is. It's where more and more people want to be. Fred Moody's story on the Seattle startup scene ("The Only Thing that Matters") captures the animal spirits at work in the startup world; Michael Malone's interview with the world's most powerful venture capitalist ("John Doerr's Startup Manual") offers personalized advice on how to get in on the action.The Tools article in this issue continues the series of hands-on features that "In the Loop" feedback has told us readers value so highly. Who isn't called upon to make presentations, often to the most senior executives in their company? Who doesn't dread having to do it? Who doesn't need help? Who shouldn't read Eric Matson's article ("Now that We've Got Your Complete Attention…")?In our ongoing search for fast companies — ultra-competitive organizations whose business models and operating practices are worth learning from — we take you "Back to the Farm." But the article is not about agribusiness. Rob Walker describes how the down-to-earth values and on-the-edge technologies of family farming helped rescue $2.5 billion Rosenbluth International, the world's third largest travel-service company, by creating a new set of principles which this undeniably fast company could rally 'round.So open FC7 and join with us in celebrating our anniversary. Light up a cigar — you'll find a helpful guide to this nouveau business fad in "NetWork#7". And as we begin Year 2, remember: for Fast Company to grow, for the ideas and practices to spread, we need to hear from you. Send us email (loop@fastcompany.com) and tell us how to make the magazine more useful and provocative. In this section: Reports, Manuals, & Forms Recent reports on the FDA's planning, performance, budgeting, user fee programs, and other agency-wide programs. Reports and related documents issued more than 2 years ago may be found in the FDA.gov Archive. Back to Top Annual reports written by the committee are created to highlight accomplishments across HHS and offer objectives for the following 12 months. HHS Reports on LGBT Health Developing Better Information HHS has taken several steps to enhance the collection of health data on LGBT populations. Gathering data on LGBT individuals will help researchers, policy makers, health care providers, and advocates identify and address health disparities affecting the LGBT population. The following are examples of initiatives implemented across the department to ensure that there is better data specific to the needs of the LGBT community: National Institute of Health (NIH) Research NIH continues to work toward broadening the field of health research relating to the sexual and gender minority (SGM) communities. The NIH established the Office of Sexual and Gender Minority Research Office (SGMRO) in September 2015. The goals of the office are to: Increase SGM-related research in the extramural and intramural portfolios Promote the development and implementation of appropriate measures and methods to facilitate SGM-related research Increase expertise in SGM health research within and across existing NIH review panels and study sections, as needed Encourage SGM-related cultural competency training opportunities for both NIH-funded extramural and intramural trainees and researchers Monitor and evaluate progress in advancing SGM health research at NIH The NIH also released the NIH 2016-2020 Strategic Plan to Advance Research on the Health and Well-being of Sexual and Gender Minorities. The SGMRO will work across the NIH Institutes, Centers and Offices to implement the plan. In addition to the strategic plan, NIH has released several Funding Opportunity Announcements to increase SGM-related research. Survey Question on Sexual Orientation and Gender Identity The Centers for Disease Control and Prevention (CDC) included a question on sexual orientation in HHS's flagship National Health Interview Survey. Based on a year of data collection, CDC issued its first report entitled "Sexual Orientation and Health among U.S. Adults: National Health Interview Survey, 2013." The data were published as a National Health Statistics Report. CDC also released a public use data file for other researchers to analyze. In addition, HHS developed survey questions on gender identity and sexual orientation, and conducted cognitive testing on the questions, which were implemented as an optional module for states on CDC's 2014 Behavioral Risk Factor Surveillance System. The adoption of this module helps develop scientific survey data on the health status and health care experience of lesbian, gay, bisexual and transgender populations. HHS provided technical and financial assistance to the thirty-one states that have either adopted the module or using a variation on the questions, and will do so again this coming year. Other agencies within HHS have also undertaken efforts to gather additional data on sexual orientation and gender identity: The Substance Abuse and Mental Health Services Administration (SAMHSA) completed a pilot test of the sexual orientation questions for inclusion in the 2015 National Survey on Drug Use and Health. Health Resources and Services Administration (HRSA) included a question on gender identity in the 2013 and 2014 National Health Service Corps Patient Satisfaction Survey and the 2014 NURSE Corps Participant Satisfaction Survey. Back to Top Healthy People 2030 Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Every ten years, HHS develops national, science-based objectives for promoting health and preventing disease for the following decade. In 2010, for the first time, a formal workgroup was established to examine scientific literature on LGBT health. Learn about the Lesbian, Gay, Bisexual, and Transgender Health Workgroup. The National Intimate Partner and Sexual Violence Survey CDC released findings on Victimization by Sexual Orientation in a report and accompanying fact sheets. This report highlights the national prevalence of intimate partner violence, sexual violence, and stalking among lesbian, gay, and bisexual women and men in the United States. CDC has worked to increase the visibility of the report and its findings by sharing information with LGBT service organizations, practitioners, policymakers, and the LGBT community in general. Back to Top The latest epidemiologic, public health, and clinical data on diabetes, digestive, kidney, liver, and urologic diseases, as well as overweight and obesity.