



Partnership for Prevention[®]

Shaping Policies • Improving Health





MISSION STATEMENT

We seek to create a “prevention culture” in America, where the prevention of disease and the promotion of health, based upon the best scientific evidence, is the first priority for policy makers, decision-makers, and practitioners who can make a difference in this area.

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A MESSAGE FROM OUR LEADERS

Partnership for Prevention was founded 20 years ago by visionaries who saw the need for an organization dedicated to advancing “prevention as a whole” as a priority in health policy. With that charge in mind, Partnership has been seeking to make the United States a country where all people are given the best possible opportunities to be healthy and stay healthy.

The past year has seen Partnership engaged in the enormous challenge of reforming our health system, and the wisdom of our founders’ vision has been amply corroborated. Building on and adding to an impressive array of programmatic and policy-change achievements, Partnership has provided national policy makers with what’s become a rare thing on Capitol Hill: passionate advocacy and guidance for health reform that “starts with prevention” fueled by adherence to the dispassionate appraisal of the evidence of prevention’s value.

In 2009, Congress had not yet passed health reform legislation, but had come closer to doing so than any time in recent history. Whatever the final result of this debate may be, our work leaves us confident that Partnership will emerge as an even more respected voice for evidence-based prevention in policy and practice.

But this legislation is not the end of our prevention-centered advocacy efforts. In fact, it is just the beginning of our work to ensure that systematic change will occur in our reformed health system. This report shows the many areas in which we are using the best available evidence and translational research to promote health in all policies in our clinics, our communities and our businesses.

Members of Partnership for Prevention can be confident that you have a strong ally in Washington, D.C., that is dedicated exclusively to building evidence of sound disease prevention and health promotion policies and practices. In turn, our members also help us educate, motivate and mobilize to achieve a healthier America. Your support and involvement helps sustain our rigorous policy analysis and crosscutting recommendations to save and extend thousands of lives each year.



Robert J. Gould, PhD

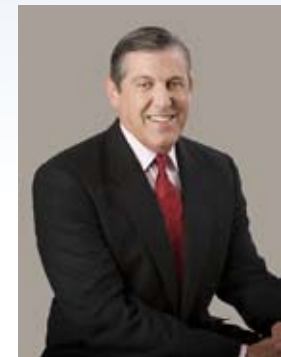
A handwritten signature in black ink, appearing to read "R. Gould".

President and CEO

Johnathan E. Fielding, MD, MPH, MBA

A handwritten signature in black ink, appearing to read "Jonathan E. Fielding".

Chairman, Board of Directors





HEALTH REFORM: A PARTNERSHIP PRIORITY



(From Left to Right:

3 President and CEO, Dr. Robert Gould; US President Barack Obama; Senator Tom Harkin (D-IA) holding Partnership's Real Health Reform Starts with Prevention book)

“Simply put, in the absence of a radical shift towards prevention and public health, we will not be successful in containing medical costs or improving the health of the American people.”

– US President Barack Obama

With the election of President Obama in 2008, Partnership was challenged by its Board of Directors to become an impactful organization in the expected debate over comprehensive health reform. With a sharpened mission, Partnership moved quickly to become a leading advocate for including prevention programs and policies in all health reform proposals. Our work was organized under the title, **“Real Health Reform Starts with Prevention.”**

Partnership prepared a series of policy recommendations for the 111th Congress (2009-2010) designed to increase our health system’s emphasis on health promotion and disease prevention. We told Congress that keeping people healthy and preventing disease must become an integral part of the solution to fixing a health system that costs too much and delivers too little.

In the fall of 2009, the US House of Representatives passed comprehensive health reform legislation that included a robust array of provisions that increased access to clinical and community preventive services and programs. During Committee consideration of the legislation, Partnership worked closely with Rep. Lois Capps (D-CA) to win passage of an amendment expanding coverage and eliminating cost-sharing requirements for preventive services under Medicaid.

On Christmas Eve, the Senate passed its version of health reform. While the bill was less comprehensive and financially generous than the House version, the bill did represent the “radical shift towards prevention and public health” President Obama had so passionately advocated. In fact, the prevention provisions contained in the House and Senate versions of health reform reflected in large measure all of Partnership’s major health reform recommendations.

Next steps for Health Reform

Final resolution of health reform will carry over into 2010 and the Second Session of the 111th Congress. As of this writing it is clear the final version of health reform will be based on the template of HR 3590, the “Patient Protection and Affordable Care Act,” which was originally passed by the US Senate. The US House of Representatives is challenged to pass this Senate bill and to seek improvements through reconciliation and subsequent legislation. The President has made clear his commitment to reform and Partnership is “hopefully confident” that the final reform proposal will include key prevention-related clinical and community-related provisions that we believe will be the foundation of **REAL HEALTH REFORM.**



PROGRAMS



HPR Health Professionals Roundtable

The Health Professionals Roundtable on Preventive Services (HPR) addresses issues of common interest and concern in the delivery of clinical preventive services. HPR is made up of the leading primary care professional organizations and develops materials and policy solutions to improve delivery that can be implemented across organizations and disciplines.

Through multiple formats, HPR organizations work together to advance preventive care recommendations through the identification of barriers and solutions; sharing knowledge and information about resources; contacts, programs, and tools; and the development of common policy solutions that can be implemented across organizations, presented at national meetings, and published as journal articles and policy statements issued by the HPR.

In June 2009, HPR held its meeting and focused on the prevention aspects of health reform legislation, and featured Dr. Dora Hughes, Counselor for Public Health and Science at DHHS. HPR members designated the value of prevention, including utilization, coverage, and payment for preventive services, as the next major issue to be addressed.

A new chair for the HPR, Dr. Samuel Nussbaum, was chosen in November 2009. Dr. Nussbaum is the Executive Vice President, Clinical Health Policy and Chief Medical Officer for WellPoint, Inc.

INITIATIVE ON INCREASING APPROPRIATE ASPIRIN USE

Partnership has undertaken efforts to increase the use of aspirin for primary prevention of heart attacks and strokes. The focus of the project is to achieve an increase in the health provider recommended and guided (i.e. aspirin counseling) utilization of aspirin chemoprophylaxis as a standard recommendation in clinical preventive services. Since the initial activity of convening an advisory committee (the Aspirin Task Force), Partnership has pursued several activities to achieve the project's goal of increasing aspirin counseling and, ultimately, the number of people in the at-risk population who regularly take aspirin for primary prevention.

Last year, Partnership collaborated with National Committee for Quality Assurance (NCQA) to develop a HEDIS measure for aspirin counseling and NCQA decided on final approval to include Aspirin Use and Discussion as a first year measure in HEDIS 2010.



LEADING BY EXAMPLE

Leading by Example is a CEO-to-CEO initiative designed to leverage the workplace to improve health by promoting greater business involvement in health promotion and disease prevention. The overarching goal of Leading by Example is for CEOs to influence the American healthcare system to emphasize prevention rather than treatment.

At the core of the initiative are enlightened CEOs who play a pivotal role in advancing worksite health promotion, through their influence on corporate culture, as well as visible support for such programs. The participating CEOs “lead by example” in that they make health promotion and disease prevention a part of their business strategy to achieve success through optimum employee performance, and management of health care costs. Additionally, their participation in the Leading by Example initiative helps other executive leaders understand and appreciate the relationship between a healthy workforce and a healthy bottom line.

Partnership for Prevention and the U.S. Chamber of Commerce in 2009 released a new guidebook - Healthy Workforce 2010 and Beyond - to help employers plan, implement, and evaluate workplace health promotion programs that lower health costs and boost productivity. The book provides both private and public sector employers with information about the benefits of investing in worksite health promotion. It outlines current approaches and tactics that are supported by research findings or “promising practices” that are successful as part of wellness programs.



The National Commission on Prevention Priorities (NCPP) is an advisory body that includes experts in clinical and community prevention. The Commission seeks to improve the nation’s health by providing information to private and public decision-makers on high value, evidence-based preventive services.

The NCPP oversees two studies to assess the value of preventive services. The first ranks clinical preventive services (e.g., immunizations, screening tests) on two measures: cost-effectiveness and health impact. An updated ranking will be released in 2011. The second study is assessing the value of community preventive services. Community preventive services are laws, policies, regulations, or programs implemented in community settings that improve health. This study aims to provide public health decision-makers with both qualitative and quantitative information to help them prioritize among effective services.

The NCPP convened a meeting in July 2009 to guide future clinical and community prevention work. On the clinical study, NCPP published several research articles, made significant progress in updating the models used to estimate health impact and cost-effectiveness for the services, and began a series of short Issue Briefs to make the research more accessible. On the community study, NCPP reached out to potential users to determine their informational needs, analyzed all recommended services, developed selection criteria, determined the initial set of 15 services, and made strides toward developing useful qualitative information.

PROGRAMS



The National Chlamydia Coalition (NCC) was established by Partnership for Prevention, the Centers for Disease Control and Prevention (CDC), and eight founding organizations. The NCC is comprised of national non-profit organizations, health care professional associations, advocacy groups, health insurers, and local, state, and federal government representatives. The coalition strives to reduce the rates of chlamydia and its harmful effects among sexually active adolescents and young adults through provider education, increasing public awareness, policy and advocacy efforts and encouraging research.

In 2009, the NCC petitioned the National Committee for Quality Assurance (NCQA) to add a Chlamydia screening quality measure to the set of HEDIS measures used to accredit commercial and Medicaid health plans. The NCC also released *Why Screen for Chlamydia?: An Implementation Guide for Healthcare Providers*; designed and launched the NCC website and monthly NCC newsletter; compiled and released the Chlamydia and STD Resources for Healthcare Providers toolkit; and published “Clinical Preventive Services for Adolescents” in the *American Journal of Preventive Medicine*.

NATIONAL WORKING GROUP FOR ACTION

The National Working Group for ACTION (Access to Coverage of Tobacco Treatment In Our Nation) is a group of vested stakeholders (including business, health plans, government agencies, public health and tobacco control) brought together to identify gaps and opportunities for enhancing access to evidence-based tobacco use treatments. ACTION is led by Partnership for Prevention to provide a forum and policy vehicle to help close the treatment gap that limits access to tobacco cessation care. The Call for ACTION is aimed at increasing coverage for, access to and utilization of comprehensive tobacco cessation services.

ACTION’s accomplishments in 2009 included the launch of a new website www.acttntoquit.org; an e-newsletter to promote national cessation-related activities; and a series on of webinars featuring cessation-related topics for businesses and healthcare agencies.

Partnership collaborated with the Joint Commission on the Accreditation of Hospitals to develop a protocol for patient assessment and the provision of cessation treatment for all hospitalized tobacco users and participated in the first state ACTION summit, held in Indiana in December 2009.



2009 MEMBERSHIP

Partnership expanded its member outreach efforts by launching a blog and an audio podcast, both entitled “Prevention Matters.” “Prevention Matters” became the members’ online home for brief updates ; insights on policy developments relating to health, prevention, and health reform; and a place to share the perspectives of other leaders in the business, labor, health and government communities. It also contained short offerings of news, opinions, observations from guest bloggers and features like “Best/Worst Prevention Idea of the Week.” In 2009, Partnership conducted over 20 podcast that were well received by the public health community and the media.

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| AARP | Edelman | Oklahoma Department of Health |
| Abbott Laboratories | EyeCare America | Oral Health America |
| AcademyHealth | GlaxoSmithKline | Oregon Adult Immunization Coalition |
| Alabama Department of Public Health | Harris County Public Health and Environmental Services | Oregon Department of Health |
| Alaska Department of Health and Social Services | Health Care Service Corporation | Pennsylvania Department of Health |
| American Academy of Physician Assistants | Health Partners, Inc | Pfizer Inc. |
| American Association of Diabetes Educators | Health Research and Educational Trust | Pitney Bowes |
| American Cancer Society | Humana Inc. | Prevent Blindness America |
| American College of Medical Quality | Illinois Department of Public Health | Preventive Cardiovascular Nurses Association |
| American College of Preventive Medicine | Indiana State Department of Health | Public Health Institute |
| American Diabetes Association | InfecDetect, LLC | Research!America |
| American Heart Association | International Health, Racquet & Sportsclub Association | Rhode Island Department of Health |
| American Legacy Foundation | International Truck and Engine | Sanofi Pasteur |
| American Lung Association | Johnson & Johnson | Service Employees International Union (SEIU) |
| American Medical Association | Kaiser Foundation Health Plan | Society for Prevention Research |
| American Physical Therapy Association | Kansas Department of Health and Environment | Society for Women’s Health Research |
| American Public Health Association | Los Angeles County Dept. of Health Services | Society of Behavioral Medicine |
| American Social Health Association | March of Dimes | Southern Nevada Health District |
| America’s Health Insurance Plans | Massachusetts Department of Health | St. Louis County Department of Health |
| Arizona Department of Health Services | Merck & Co., Inc. | Tarrant County Public Health |
| Association for Prevention Teaching and Research | Michigan Department of Community Health | Tennessee Department of Health |
| Association of State and Territorial Health Officials | Missouri Department of Health | Texas Department of Health |
| AstraZeneca Pharmaceuticals, LP | Nashville/Davidson County Public Health Department | The Ad Council |
| Bayer Healthcare, LLC | National Alliance to Advance Adolescent Health | The Home Depot |
| Benefits Administrative Systems, LLC | National Association of Chronic Disease Directors | Trust for America’s Health |
| Campaign to End Obesity | National Association of County and City Health Officials | U.S. Preventive Medicine, Inc. |
| Canyon Ranch Institute | National Cervical Cancer Coalition | UnitedHealth |
| Center for Advancing Health | National Health Council | University of North Carolina at Chapel Hill |
| Cleveland Clinic | National Institute for Health Care Management | Utah Department of Health |
| Connecticut Department of Health | National Quality Forum | Vision Council of America |
| Consumer Health Products Association | Nevada Department of Health and Human Services | Vision Service Plan |
| Delta Dental of Minnesota | New Jersey Health Department | Washington State Department of Health |
| Directors of Health Promotion and Education | New Mexico Department of Health | WellPoint |
| Dow Chemical Company | New York City Department of Health | West Virginia Department of Health |
| Duval County Health Department | North Carolina Dept. of Health & Human Services | Wyoming Department of Health |



STATEMENT OF FINANCIAL POSITION

for the year ended December 31, 2008

ASSETS		LIABILITIES AND NET ASSETS	
CURRENT ASSETS		CURRENT LIABILITIES	
Cash and cash equivalents	\$212,527	Current portion of capital lease	\$1,094
Investments	\$178,441	Accounts payable and accrued liabilities	\$741,341
Accounts Receivable	\$89,948	Deferred membership dues	\$48,400
Grants Receivable	\$4,663,421	Deferred rent	\$79,241
Prepaid expenses	\$373	Total Current Liabilities	\$870,076
Total Current Assets	\$5,144,710		
FIXED ASSETS		LONG-TERM LIABILITIES	
Furniture and fixtures	\$42,432	Other long-term liabilities	\$3,850
Computers and software	\$64,512	Total Long-Term Liabilities	\$3,850
Less: Accumulated Depreciation	(\$57,999)	Total Liabilities	\$873,926
Net Fixed Assets	\$48,945		
OTHER ASSETS		NET ASSETS	
Deposits	\$27,178	Unrestricted	(\$542,127)
		Temporarily restricted	\$4,889,034
		Total Net Assets	\$4,346,907
TOTAL ASSETS	\$5,220,833	TOTAL LIABILITIES AND NET ASSETS	\$5,220,833



STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

for the year ended December 31, 2008

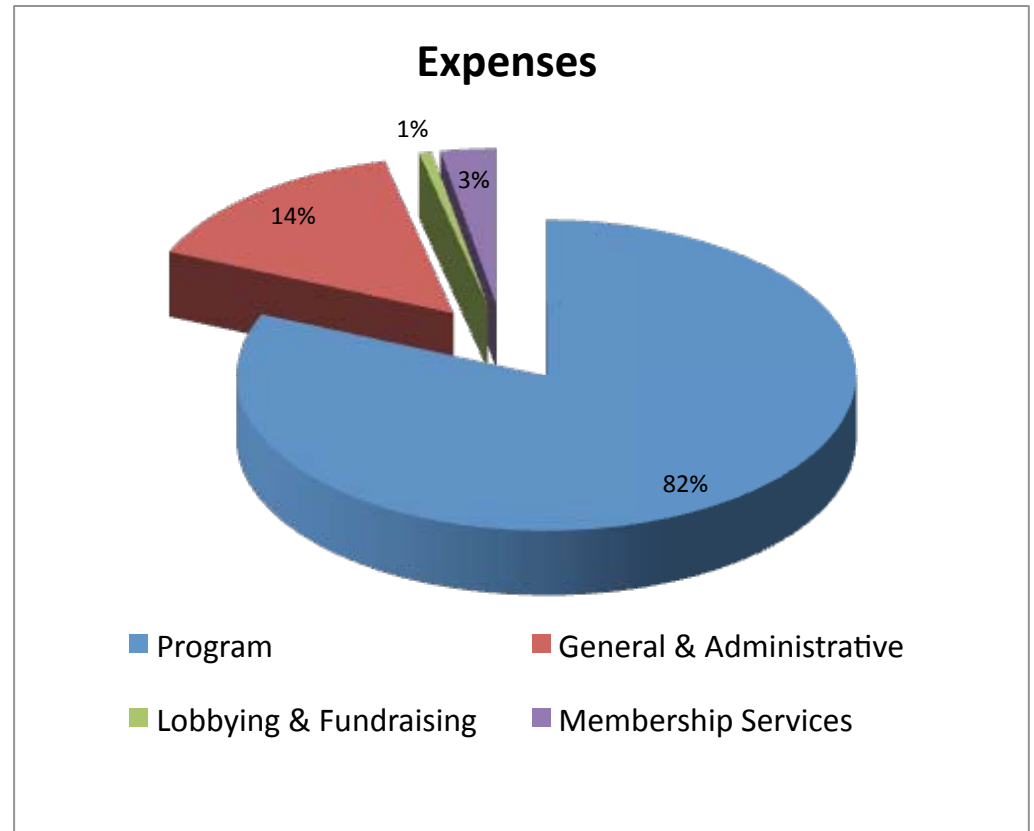
REVENUE

Contributions	\$3,500
Grant Revenue	\$7,913,359
Investment income	(\$66,296)
Membership dues	\$298,695
Publications	\$5,421
Other income	\$65,109
TOTAL REVENUE	\$8,219,788

EXPENSES

Program	\$3,696,011
General & Administrative	\$680,028
Lobbying & Fundraising	\$29,821
Membership Services	\$131,626
TOTAL EXPENSES	\$4,537,486

CHANGE IN NET ASSETS	\$3,682,302
NET ASSETS AT BEGINNING OF YEAR	\$664,605
NET ASSETS AT END OF YEAR	\$4,346,907



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