

DESIGN PORTFOLIO

LOGOS



ASTHO



BREASTFEEDING BEST PRACTICES

A SUMMARY OF STATE-SPONSORED PROGRAMS

IN HEALTHCARE SETTINGS SUPPORTING THE PROVIDERS



ONLINE EDUCATION AND TARGETED CURRICULUM

CONFERENCES TO SHARE KNOWLEDGE

CHANGING POLICIES AND PRACTICES IN HOSPITALS TO SUPPORT WOMEN'S BREASTFEEDING EFFORTS

MENTOR-MENTEE RELATIONSHIPS WITH HOSPITALS AND BIRTHING FACILITIES TO BECOME BABY-FRIENDLY



PROMOTING EVIDENCE-BASED PRACTICES



TAILORING MESSAGES FOR VARIOUS WOMEN AND THEIR FAMILIES



PROVIDING ONE-ON-ONE SUPPORT DURING BREASTFEEDING WITHIN HARD TO REACH POPULATIONS

SUPPORTING PARENTS

IN THE COMMUNITY SUPPORTING PARENTS & COUNSELORS



PEER SUPPORT PROGRAMS TO ASSIST MOTHERS



OUTREACH TO LOW-INCOME FAMILIES BUILDING A NETWORK OF SUPPORT



ASSESSMENT OF NEEDS FOR BREASTFEEDING SUPPORT IN HIGH PRIORITY AREAS



CHANGING SOCIAL NORMS TO BE MORE SUPPORTIVE OF BREASTFEEDING

IN THE WORKPLACE SUPPORTING THE EMPLOYER



RECOGNITION PROGRAMS FOR EMPLOYERS WHO SUPPORT NURSING EMPLOYEES

FINANCIAL ASSISTANCE FOR BUSINESSES TO BECOME BREASTFEEDING-FRIENDLY

EMPLOYEE NEGOTIATIONS FOR BETTER LACTATION ACCOMMODATIONS

TECHNICAL GUIDANCE ON BREASTFEEDING FRIENDLY WORKPLACES

FOR MORE INFORMATION, VISIT WWW.ASTHO.ORG/MATERNAL-AND-CHILD-HEALTH/BREASTFEEDING

THIS POSTER IS A SUMMARY OF THE STRATEGIES AND ACTIONS TAKEN BY 19 STATES IN ASTHO'S "SUPPORTED LEARNING COMMUNITY ACTIVITIES" PROGRAM.



BREASTFEEDING BEST PRACTICES IN THE COMMUNITY

TRAINING TO SUPPORT PARENTS AND COUNSELORS



PEER SUPPORT programs to assist mothers



OUTREACH to low-income families building a network of support



ASSESSMENT of needs for breastfeeding support in high priority areas



CHANGING SOCIAL NORMS to be more supportive of breastfeeding

STATE SUCCESS

OKLAHOMA

LAUNCHED 3 PLANNED BABY CAFÉS led by the COALITION OF OKLAHOMA BREASTFEEDING ADVOCATES (COBA), a community support model for breastfeeding using an innovative, EVIDENCE-BASED PEER BREASTFEEDING approach.

23 CAFE SESSIONS HOSTED

60 VISITS BY BREASTFEEDING MOMS

27 VISITS BY PREGNANT WOMEN

19 VISITS BY FATHERS



STATE SUCCESS

DISTRICT OF COLUMBIA

PEER COUNSELORS on the initiative "GROWING GLOW IN WIC" training program to support and assist families. Collaboration between the DC Department of Health, DC Breastfeeding Coalition, and two local hospitals engaged in the project resulted in new policies to increase peer support.

STATE SUCCESS

DELAWARE

PARTICIPATED IN MEDICAL SOCIETY OF DELAWARE TRAINING MODULE TO INCREASE THE NUMBER OF HEALTHCARE PROFESSIONALS WHO PROMOTE BREASTFEEDING BY PROVIDING EVIDENCE-BASED EDUCATION, ASSISTANCE, SUPPORT, AND COMMUNITY REFERRALS to women who are pregnant and/or interested in breastfeeding.

HEALTH EQUITY

States identified groups of women who had lower breastfeeding rates and designed strategies that addressed the barriers to breastfeeding in their communities, including changing social norms, providing opportunities for women to share their breastfeeding challenges and experiences, and identifying worksite interventions to improve breastfeeding support.



FOR MORE INFORMATION, VISIT WWW.ASTHO.ORG/MATERNAL-AND-CHILD-HEALTH/BREASTFEEDING

THIS POSTER IS A SUMMARY OF THE STRATEGIES AND ACTIONS TAKEN BY 19 STATES IN ASTHO'S "SUPPORTED LEARNING COMMUNITY ACTIVITIES" PROGRAM.

BREASTFEEDING BEST PRACTICES IN THE WORKPLACE

TRAINING TO SUPPORT THE EMPLOYER



RECOGNITION PROGRAMS for employers who support nursing employees



FINANCIAL ASSISTANCE for businesses to become breastfeeding-friendly



EMPLOYEE NEGOTIATIONS for better lactation accommodations



TECHNICAL GUIDANCE on breastfeeding-friendly workplaces

STATE SUCCESS

NEW MEXICO

INDIVIDUALIZED TECHNICAL ASSISTANCE was offered to 21 local businesses by The New Mexico Breastfeeding Task Force, in collaboration with the state health agency team, to BECOME BREASTFEEDING-FRIENDLY.

After receiving technical assistance implementing supportive workplace lactation accommodations/policies employers* noticed:

58% positive impact on their business due to their SUPPORT OF LACTATION in the WORKPLACE.

67% positive impact on the REDUCTION OF ABSENTEEISM.

63% positive impact on employee PRODUCTIVITY AND MORALE in the WORKPLACE.

53% positive impact on LOWERING HEALTHCARE COSTS.

* In a study conducted among New Mexico employers.

STATE SUCCESS

SOUTH DAKOTA

BREASTFEEDING WELCOME HERE window cling and technical assistance to businesses used to INCREASE IMPLEMENTATION OF BREASTFEEDING POLICIES in a rural community.

100% in the South Dakota pilot program ONLINE PLEDGE TO BE A BREASTFEEDING-FRIENDLY BUSINESS.

STATE SUCCESS

VERMONT

WRITTEN POLICIES Since 2014, Vermont Department of Health has recognized 84 BREASTFEEDING FRIENDLY EMPLOYERS, with 42 OF THOSE businesses reporting that 84 employers who applied during this time have written breastfeeding policies.

288 EMPLOYERS have been recognized for CREATING AND MAINTAINING BREASTFEEDING-FRIENDLY WORKPLACES.

HEALTH EQUITY

States identified groups of women who had lower breastfeeding rates and designed strategies that addressed the barriers to breastfeeding in their communities, including changing social norms, providing opportunities for women to share their breastfeeding challenges and experiences, and identifying worksite interventions to improve breastfeeding support.



FOR MORE INFORMATION, VISIT WWW.ASTHO.ORG/MATERNAL-AND-CHILD-HEALTH/BREASTFEEDING

THIS POSTER IS A SUMMARY OF THE STRATEGIES AND ACTIONS TAKEN BY 19 STATES IN ASTHO'S "SUPPORTED LEARNING COMMUNITY ACTIVITIES" PROGRAM.

BREASTFEEDING BEST PRACTICES IN HEALTHCARE SETTINGS

ACHIEVING THE BABY-FRIENDLY DESIGNATION



ONLINE EDUCATION and targeted curriculum CONFERENCES to share knowledge CHANGING POLICIES AND PRACTICES in hospitals to support women's breastfeeding efforts MENTOR-MENTEE RELATIONSHIPS between birthing facilities to become baby-friendly



10 HOSPITALS



STATE SUCCESS

NEW HAMPSHIRE

112 HEALTH CARE PROFESSIONALS trained in the first year of the NEW HAMPSHIRE TEN STEPS TO SUCCESSFUL BREASTFEEDING project.

48% OF DELIVERIES IN NEW HAMPSHIRE have been in BREASTFEEDING-FRIENDLY DESIGNATED HOSPITALS.

STATE SUCCESS

ALABAMA

INITIATIVES TO ASSIST HOSPITALS ALABAMA DEPARTMENT OF PUBLIC HEALTH (ADPH) HAS CREATED A TASK FORCE with partners such as the Alabama Hospital Association, the Alabama Breastfeeding Coalition (ABC), and providers to lead an initiative to assist hospitals in Alabama who desire to achieve Baby-Friendly status with adopting the Ten Steps to Successful Breastfeeding. Their Alabama hospitals have achieved Baby-Friendly designation. Six Alabama hospitals have been AWARDED ENHANCING MATERNITY PRACTICES (EMPOWER) GRANTS TO FOCUS ON MATERNITY PRACTICES LEADING TO BABY-FRIENDLY DESIGNATION.

STATE SUCCESS

GEORGIA

THE INITIATIVE is designed to assist Georgia birthing facilities in taking action toward becoming a designated Baby-Friendly hospital through education and support. In year one of the 5-STAR Hospital Initiative 10 birthing hospitals stepped up to participate. OF THE 10 HOSPITALS WHO PARTICIPATED, 5 BIRTHING CENTERS CONTINUED OR ADOPTED ACHIEVED BABY-FRIENDLY DESIGNATION.

STATE SUCCESS

ALABAMA

States identified groups of women who had lower breastfeeding rates and designed strategies that addressed the barriers to breastfeeding in their communities, including changing social norms, providing opportunities for women to share their breastfeeding challenges and experiences, and identifying worksite interventions to improve breastfeeding support.



FOR MORE INFORMATION, VISIT WWW.ASTHO.ORG/MATERNAL-AND-CHILD-HEALTH/BREASTFEEDING

BREASTFEEDING BEST PRACTICES IN HEALTHCARE SETTINGS

TRAINING TO SUPPORT PROVIDERS



PROMOTING evidence-based practices



TAILORING MESSAGES for various women and their families



PROVIDING ONE-ON-ONE SUPPORT during breastfeeding within hard-to-reach populations



5 HOSPITALS



STATE SUCCESS

ILLINOIS

53 HEALTH CARE PROFESSIONALS trained in the first year through the launch of the TOUCHETTE BREASTFEEDING COLLABORATIVE project.

COLLABORATED AND PARTNERED with the OCEANIC WOMEN'S PRISON to ENHANCE THE BREASTFEEDING SUPPORT EQUIPMENT FOR incarcerated women.

STATE SUCCESS

HAWAII

EVIDENCE-BASED SUPPORT 93% OF PARTICIPANTS who attended the "Riding the Wave to a Baby-Friendly Future" conference agreed that this training was a VITAL SKILLS TO SUPPORT LACTATION in the COMMUNITY.

STATE SUCCESS

NORTH DAKOTA

2 SKILLS WORKSHOPS were held in 2014 and 2015. The state health department and the ND Breastfeeding Coalition have played a vital role in bringing the training to different communities.

STATE SUCCESS

VERMONT

States identified groups of women who had lower breastfeeding rates and designed strategies that addressed the barriers to breastfeeding in their communities, including changing social norms, providing opportunities for women to share their breastfeeding challenges and experiences, and identifying worksite interventions to improve breastfeeding support.



FOR MORE INFORMATION, VISIT WWW.ASTHO.ORG/MATERNAL-AND-CHILD-HEALTH/BREASTFEEDING

THIS POSTER IS A SUMMARY OF THE STRATEGIES AND ACTIONS TAKEN BY 19 STATES IN ASTHO'S "SUPPORTED LEARNING COMMUNITY ACTIVITIES" PROGRAM.





Shared Goals

Case Study
It is no surprise that health, fitness and obesity were major issues for Gov. Arnold Schwarzenegger's administration. And when he and the community decided to address obesity head on, it became evident that it was not simply a problem of too many calories. But that to fight obesity, California needed a solution that spanned many sectors like transportation, agriculture and education. The governor signed an executive order to create a Health in All Policies Task Force. This group was led by the health department but comprised of multiple other agencies. The Task Force spent a significant amount of time working with partners and community members to get to the most critical components of a healthy community that could reduce obesity levels in the state. After multiple town hall meetings, listening sessions, and community workshops, the Task Force developed a strategic document with over thirty, widely agreed upon, recommendations to improve the health of the community overall, not just deal with obesity. This document was created to educate leaders on how their decisions can impact health in their community.

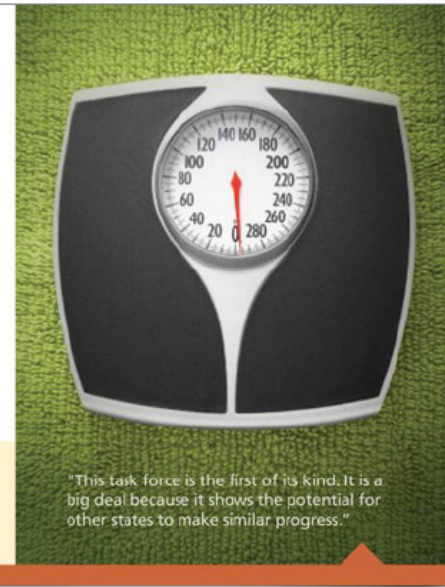
Why It Matters
In California, this major initiative started over a key issue that was important to many stakeholders in the state. Every state has a hot-button issue, something that is important to its people. Find one that is important to the people of your state and start a conversation about all the different factors that can contribute to the solution. Show how a health in all policies approach can help solve a problem. Create a win-win-win situation, and you can't lose.

Partners Involved:

- Health Department
- Transportation
- Parks and Recreation
- Agriculture
- Education

KEY INSIGHT:
Every state has a hot-button issue. Find one in your state and see how a health in All Policies approach can be part of a solution that already has traction.

- Identify key influencers (governors, legislators, community leaders...)
- Target their key hot-button issues (issues that health can impact)
- Show how health can help solve cross-industry problems



Shared Goals

Case Study:
It is no surprise that health, fitness and obesity were major issues for Gov. Arnold Schwarzenegger's administration. And when he and the community decided to address obesity head on, it became evident that it was not simply a problem of too many calories. But that to fight obesity, California needed a solution that spanned many sectors like transportation, agriculture and education. The governor signed an executive order to create a Health in All Policies Task Force. This group was led by the health department but comprised of multiple other agencies. The Task Force spent a significant amount of time working with partners and community members to get to the most critical components of a healthy community that could reduce obesity levels in the state. After multiple town hall meetings, listening sessions, and community workshops, the Task Force developed a strategic document with over thirty, widely agreed upon, recommendations to improve the health of the community overall, not just deal with obesity. This document was created to educate leaders on how their decisions can impact health in their community.

The HAAP task force is still in its early days but the fact that it exists at all is a great success. It is the first of its kind and an example of the momentum that can happen when you back the right issue.

Why it matters:
In California, this major initiative started over a key issue that was important to many stakeholders in the state. Every state has a hot-button issue, something that is important to its people. Find one that is important to the people of your state and start a conversation about all the different factors that can contribute to the solution. Show how health in all policies approach can help solve a problem. Create a win-win-win situation, and you can't lose.

Partners Involved:

- Health Department
- Transportation
- Parks and Recreation
- Agriculture
- Education

Source of Funding
• Robert Wood Johnson Health Impact Project Grant

KEY INSIGHT:
Every state has a hot-button issue. Find one in your state and see how a health in All Policies approach can be part of a solution that already has traction.

- Identify Key Influencers: Governor, Legislators, Community Leaders...
- Target Their Key Hot-Button Issues: Issues That Health Can Impact
- Show How Health Can Help Solve Cross-Industry Problems


astho Health in All Policies Toolkit

APPLIED POLICY

MEDICARE'S PROPOSED LAB TEST PAYMENT REFORM

WHAT YOU SHOULD KNOW

On Friday, September 25, 2015, Medicare released its proposal to reform its payment system for lab tests. Medicare will begin using the new rates to pay for lab tests beginning on January 1, 2017.

EACH YEAR, MEDICARE PAYS APPROXIMATELY	MEDICARE LAB PAYMENTS WERE EXPECTED TO BE CUT BY	MEDICARE'S CURRENT PLAN WILL CUT PAYMENTS BY
\$8 BILLION	CUT BY \$2.5 BILLION	CUT BY \$5.14 BILLION
 FOR LAB TESTS	 OVER 10 YEARS*	 MORE THAN DOUBLE THE OVERALL PROPOSED CUTS

* expected cuts when Congress enacted the Protecting Access to Medicare Act (PAMA)

WHY THIS IS IMPORTANT

Medicare's proposal will **cut payment rates** for high-volume tests like complete blood counts, metabolic panels and lipid panels by as much as 10% in 2017 and an additional 10% in 2018.

Insurers will likely **see increased costs** because manufacturers, labs and physician offices will provide less generous discounts, particularly for advanced diagnostics.

Medicare's proposed requirements for advanced diagnostics could **severely limit the opportunities** for enhanced reimbursement for genetic, molecular and protein diagnostics.

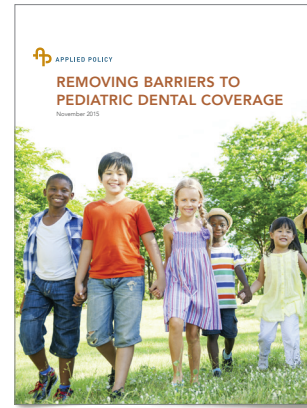
Physician offices, independent labs and hospital outpatient labs face **significant uncertainties** as to whether they will be required to report, and if they are, what data to report by the March 31, 2016, deadline to avoid steep civil monetary penalties.



1700 Diagonal Road, Suite 530 | Alexandria, VA 22314 | 202.558.5272 | www.appliedpolicy.com

While we are not lobbyists, we may provide services that will support our clients' lobbying efforts, including preparation and planning activities, research, and other background work for use in lobbying. We also may assist our clients in coordinating their lobbying efforts with the lobbying activities of others. Because we are not lobbyists, we will not make lobbying contacts on behalf of our clients.

Our services specifically exclude oral, written or electronic communication to a covered executive branch official (as defined in 2 U.S.C. § 1602(4)) or a covered legislative branch official (as defined in 2 U.S.C. § 1602(4)) that is made on behalf of a client with regard to the enumerated subjects under subparagraph (A) of 2 U.S.C. § 1602(8), except as permitted under subparagraph (B) of such section.



REMOVING BARRIERS TO PEDIATRIC DENTAL COVERAGE

November 2015

BACKGROUND

To understand the source of these issues and to find an appropriate legislative solution, it is necessary to understand the following:

- The dental insurance marketplace prior to the implementation of the ACA's health insurance exchanges.
- The reasons that the ACA is limiting consumers' ability to obtain appropriate dental coverage of the exchanges.

SEPARATE COVERAGE
Before the implementation of the health insurance exchanges on January 1, 2014, most consumers who had dental insurance obtained it through a group arrangement (e.g., an employer, union, or public program such as Medicaid) as an supplemental, after-the-fact benefit. Such policies were not subject to the same underwriting standards as ACA-compliant policies. As a result, many consumers who had dental coverage prior to 2014 had dental coverage that was not ACA-compliant. This dental coverage was not subject to the same underwriting standards as ACA-compliant policies. As a result, many consumers who had dental coverage prior to 2014 had dental coverage that was not ACA-compliant. This dental coverage was not subject to the same underwriting standards as ACA-compliant policies.

Overall, 91% of those with dental coverage prior to 2014 had dental coverage separate from their medical insurance policy.

EMPLOYER SPONSORED COVERAGE
In 2012, approximately 28% of employees funded in whole or in part the cost of group dental coverage (Chart 2). Employees usually provide a range of dental coverage options to their employees, including coverage for an individual employee, employee plus one dependent (spouse or child), the self (employee + 1), and family coverage.

ACA-RELATED CHANGES
The ACA recognizes the importance of pediatric oral health by adding pediatric services, including oral care, as one of the ten required Essential Health Benefits within the individual and small group market.

TEN ESSENTIAL HEALTH BENEFITS INCLUDED IN PLANS OFFERED ON AND OFF THE EXCHANGES
The ACA requires health insurance plans offered through the exchanges, as well as those plans offered to the individual and small group markets outside of the exchanges, to cover ten Essential Health Benefits, which include:

1. Ambulatory patient services;
2. Emergency services;
3. Hospitalization;
4. Maternity and newborn care;
5. Mental health and substance use disorder services, including behavioral health treatment;
6. Prescription drugs;
7. Rehabilitation and habilitative services and devices;
8. Preventive and wellness services and chronic disease management;
9. Pediatric services, including oral and vision care*.

Funding for dental coverage is usually employer-sponsored.

CHART 2: GROUP POLICY FUNDING

CHART 3: SOURCE OF DENTAL COVERAGE IN THE PRIVATE MARKET

Footnote: * Includes dental services for children under the age of 18.

"REASONABLE ASSURANCE"

The final language of the ACA applied the Substantive Assurances only to regulations developed through the exchange. Outside of the exchanges, the Department of Health and Human Services (HHS) has made attempts to work with regulatory staff to permit individuals and small group policies to remain in the dental market. To do this, HHS regulations state that medical coverage may offer plans outside of the exchanges that include pediatric dental coverage provided that plan meet the following conditions:

1. The medical plan is "reasonably assured that an individual has obtained such coverage;" and
2. The coverage obtained by the individual meets the "reasonable assurance" standard as defined in the regulations.

The "reasonable assurance" standard attempts to give the same degree of dental coverage outside the exchanges that can be obtained from coverage through an exchange. However, the standard has resulted in uncertainty among insurers, state regulators and consumers. State interpretations of reasonable assurance vary widely, and some medical coverage policies that they currently rely on state interpretations of reasonable assurance may not meet the standard. This uncertainty has led to a patchwork of state interpretations of reasonable assurance across the country.

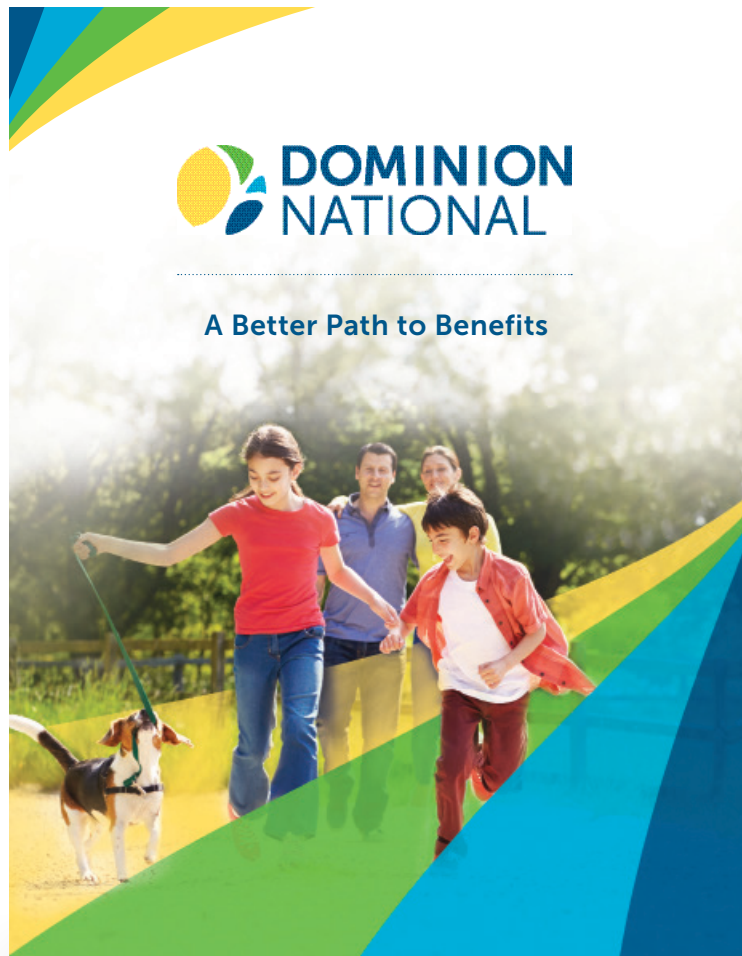
STATE INTERPRETATIONS VARY
Under HHS regulations, responsibility for interpreting the "reasonable assurance" standard falls on the state. This has led to a patchwork of state interpretations of the standard. To determine how insurers can meet the standard, Figure 1 shows the 50 states that have developed or plan to develop their own interpretation of the standard. Figure 1 is a map of the United States detailing the approaches taken by each state when interpreting "reasonable assurance."

FIGURE 1: IMPLEMENTATION OF REASONABLE ASSURANCE BY STATE

Legend:

- New Development (N)
- Adoptive (A)
- Other (O)
- Not Applicable (N/A)
- Proof of Coverage (P)

DOMINION NATIONAL



A Better Path to Benefits

DOMINION NATIONAL IS A **LEADING INSURER AND ADMINISTRATOR OF DENTAL + VISION BENEFITS**

AMONG OUR 800,000 CUSTOMERS ARE LEADING

- HEALTH PLANS
- EMPLOYER GROUPS
- MUNICIPALITIES
- ASSOCIATIONS
- INDIVIDUALS

The Dominion National group of companies includes Dominion Dental Services, Inc., a licensed issuer of dental plans, and Dominion Dental Services USA, Inc., a licensed administrator of dental and vision benefits. Vision plans are administered by American Insurance Company.

WE'RE NOT JUST GROWING A COMPANY... WE'RE CREATING A MOVEMENT.

Dominion was created to fill a void, offering agile and flexible resources to those customers that value innovation, responsiveness and choices.

A refreshing alternative to bureaucratic institutions, Dominion is a ground-breaker, bringing practical solutions, best practices and a new level of service to the benefits industry. Details are important to us. We guarantee everything from reporting and billing accuracy to network retention and member satisfaction. No point is too fine.

MEMBERSHIP GROWTH OF OVER 500% SINCE 2007¹

I am very happy with the service from Dominion and strongly recommend them. Dominion's staff helps to provide me with an in-depth understanding of the program. Please keep up the good and caring work.
—Dr. Diem Nguyen, Chantilly Dental Center—

1 Dominion National Internal Performance Report, May 2016.

WHY DENTAL INSURANCE MATTERS

GO BEYOND ACHIEVING A BRIGHT SMILE. DENTAL HEALTH IS YOUR TICKET TO OVERALL HEALTH.

- DENTAL AND VISION COVERAGE** are the **most-requested benefits** after medical insurance.¹
- OVER 20 MILLION** workdays are lost each year due to dental illness.²
- 51 MILLION SCHOOL HOURS** are missed each year because of dental-related illnesses.³
- \$1,674 ON MEDICAL COSTS.** The average annual savings for diabetics who received proper dental care.⁴
- OVER 90%** of Americans over age 20 have had cavities at some point in their lives.⁵
- 2X** People with dental coverage are twice as likely to visit a dentist than those without dental insurance.⁶
- Gum disease can actually make it harder for people who have diabetes to control their blood sugar.⁷
- When oral cancer is caught early, survival rates reach 80%-90%.⁸
- 1 IN 4 ADULTS** HAVE UNTREATED TOOTH DECAY.⁹
- Researchers have found that people with gum disease are almost twice as likely to suffer from coronary artery disease.¹⁰

1 UMMA (2009) A Guide to Evaluating Employee Benefits in the Era of Economic Uncertainty.
2 American Dental Association. (2014) Survey of Dental Education. June 2014.
3 American Dental Association. (2014) Survey of Dental Education. June 2014.
4 ADA/CDC/NIA. (2014) National Health and Nutrition Examination Survey (NHANES).
5 National Association of Dental Plans. The News and the Numbers. Consumer With and Without Dental Benefits. February 2009.
6 ADA/CDC/NIA. (2014) National Health and Nutrition Examination Survey (NHANES).
7 ADA/CDC/NIA. (2014) National Health and Nutrition Examination Survey (NHANES).
8 American Cancer Society. (2014) January 27. Oral cavity and oropharyngeal cancer. One Health in America. A Report of the Surgeon General. September 2010.
9 According to the American Dental Association (2010).
10 Curtis, R.H. (2004). Diet & Cardiovascular Disease. National Perspectives 2003(2), 36-39. American Academy of Orthodontology. (2002). Can dental care link to heart disease and stroke. Retrieved from http://www.aao.org/consumers/heart.htm.

WHY VISION INSURANCE MATTERS

SEE THE BIGGER PICTURE. YOUR EYES ARE AN IMPORTANT PART OF YOUR HEALTH.

- APPROXIMATELY 75%** of American adults use some form of vision correction.¹
- A comprehensive eye exam can detect health problems including diabetes, high blood pressure, multiple sclerosis and even brain tumors.²
- Direct medical costs associated with vision disorders exceed similar medical expenditures for breast cancer, lung cancer and HIV.³
- Research shows that uncorrected farsightedness in preschool children is associated with significantly worse performance on an early literacy test.⁴
- OVER 10 MILLION** children have undetected vision problems.⁵
- Vision disorders alone annually cost businesses an estimated **\$8 BILLION.**⁶
- 65%** OF AMERICANS report experiencing symptoms of digital eye strain.⁷
- Research shows that employee vision impairment can decrease productivity by as much as 20%.⁸
- 13 MILLION** adults require some form of vision correction but do not use any.⁹

It is estimated that the annual economic burden of vision loss and eye disorders is **\$145 BILLION** in the United States.¹⁰

1 The Vision Council (2013) p. 2009.
2 Vision in Business (2013). Medical Benefits. 24(2), 9-10.
3 American Optometric Association. (2010). Costing the eye care system. Retrieved from http://www.aao.org/patient_education/eye_care_costing.
4 The Vision Council. Digital Eye Strain Report (2015).
5 NIOSH and Prevent Blindness America. Cost of Vision Problems: The Economic Burden of Vision Loss and Eye Disorders in the United States (2014).
6 Uncorrected Hyperopia and Presbyopia Early Literacy Results of the Vision in Preschoolers (VISP) Study. 2010.
7 According to the report Vision in Business, The Health Council of America, 2013.
8 Retrieved from http://www.aao.org/patient_education/eye_care_costing.
9 The Vision Council. Digital Eye Strain Report (2015).
10 NIOSH and Prevent Blindness America. Cost of Vision Problems: The Economic Burden of Vision Loss and Eye Disorders in the United States (2014).
9 Vision Research. Member Benefit Report (December 2014).

DOMINION NATIONAL

SPECIALIZED **UNIVERSAL** **VARIETY**

UNSURPASSED performance

We provide performance guarantees on everything from reporting and billing accuracy to network retention and member satisfaction¹

MEMBER SERVICES PERFORMANCE

- A **97%** first call resolution.
- Response time to website inquiries is within **1 business day**.
- Call abandonment rate is **2.8%**.

CLAIMS PERFORMANCE

- 99.5%** claims accuracy.
- 95.9%** of all claims are processed within 15 days.

OPERATIONAL PERFORMANCE

- Membership materials are mailed **within 4 days** of enrollment.
- Access to over **270,000 national dentist listings**.
- Access to over **50,000 national vision provider listings**.
- Secure online access for groups, members and dentists.

WE HAVE HAPPY CUSTOMERS. WANT TO BECOME ONE?
Visit us online at DominionNational.com.

1. Dominion National Internal Performance Report, 2015.

DOMINION NATIONAL

DENTAL & VISION PRODUCT

Guide

VISION PLAN SUMMARIES

Available for groups with 5 or more eligible.

	VISION PLAN A60	VISION PLAN A65	VISION PLAN A68
PREMIUM	Over any 12 months	Over any 12 months	Over any 12 months
Co-pay	\$0	\$0	\$0
VISION PLAN A60	Over any 12 months	Over any 12 months	Over any 12 months
Co-pay	\$0	\$0	\$0
PREMIUM	Over any 12 months	Over any 12 months	Over any 12 months
Co-pay	\$0	\$0	\$0
VISION PLAN A60	Over any 12 months	Over any 12 months	Over any 12 months
Co-pay	\$0	\$0	\$0
VISION PLAN A65	Over any 12 months	Over any 12 months	Over any 12 months
Co-pay	\$0	\$0	\$0
VISION PLAN A68	Over any 12 months	Over any 12 months	Over any 12 months
Co-pay	\$0	\$0	\$0
VISION PLAN A60	Over any 12 months	Over any 12 months	Over any 12 months
Co-pay	\$0	\$0	\$0
VISION PLAN A65	Over any 12 months	Over any 12 months	Over any 12 months
Co-pay	\$0	\$0	\$0
VISION PLAN A68	Over any 12 months	Over any 12 months	Over any 12 months
Co-pay	\$0	\$0	\$0

FOR A QUOTE
please contact our Group Service Center at 877.559.9421 or email gsc@DominionNational.com

Vision plans are underwritten by Aetna Insurance Company and are administered by Dominion Dental Services USA, Inc. ©2016 Dominion National.

GROUP UNDERWRITING GUIDELINES

PROFPO (PPO)
Preferred Provider Organization

	DUAL CHOICE	CUSTOM PLANS
Voluntary	\$ - 100	25 or more
Employee-Paid	\$ - 100	25 or more

2 subscribers enrolled required
Custom and choice products are also available upon request.

SELECT PLAN (SAME AS A DHRMO)
Preferred Provider Organization

	\$ 0 member	SELECT PLAN 700-70A	SELECT PLAN 700-70B	CUSTOM
Voluntary	\$ 0 member	25 or more	25 or more	1,000 or more
Employee-Paid	\$ 0 member	25 or more	25 or more	1,000 or more

2 subscribers enrolled required
No employer contribution required

VISION
Preferred Provider Organization

	STANDARD	CUSTOM
Voluntary	\$ 0 member	1,000 or more
Employee-Paid	\$ 0 member	1,000 or more

2 subscribers enrolled required
No employer contribution required

OFFER A DENTAL PLAN WITH A NAME YOUR MEMBERS TRUST—YOURS

SEAMLESS IMPLEMENTATION

- Industry leading expertise and leadership
- Proven integration solutions
- Dedicated staff and subject matter experts

PRIVATE-LABEL SOLUTIONS

- Custom toll-free Member Services line
- Custom, secure online Member and Provider Portals with Single Sign-On (SSO)

CUSTOM NETWORK DEVELOPMENT AND MANAGEMENT

- Targeted network recruitment campaigns
- Network "stacks" designed to control claim costs
- Immediate access to over 270,000 national dentist listings

INNOVATIVE, FLEXIBLE PRODUCTS TO GROW YOUR MARKET SHARE

- Group, Individual, CHIP and Medicare
- PPO, EPO, DHMO, Preventive Plans and more
- Embedded, bundled and stand-alone plans
- On and off the Exchanges (including pediatric plans and direct-to-consumer enrollment programs)

CALL JACOB RAUSCH at 703.212.3532 to find out how we can implement or grow your dental program.

DOMINIONNATIONAL.COM/PARTNERS

WE WORK Benefit

UNSURPASSED PERFORMANCE¹

We provide performance guarantees on everything from reporting and billing accuracy to network retention and member satisfaction.

MEMBER SERVICES

- 97% FIRST CALL RESOLUTION**
- Response time to website inquiries is **WITHIN 1 BUSINESS DAY**
- OVER 96% MEMBERS** have access to at least two dentists within 10 miles.²
- FEWER THAN 0.1%** of our members reported service issues.
- 2.8% CALL ABANDONMENT RATE**

OPERATIONAL SERVICES

- SECURE ONLINE ACCESS** for groups, members and dentists.
- Access to over **270,000 NATIONAL DENTIST LISTINGS**
- 97% MEMBER SATISFACTION RATE**³
- In a recent group survey, Dominion was rated with **100% SATISFACTION** in group implementation and ease of administration.⁴
- Access to over **50,000 NATIONAL VISION PROVIDER LISTINGS**.
- Membership materials are mailed **WITHIN 4 DAYS** of enrollment.

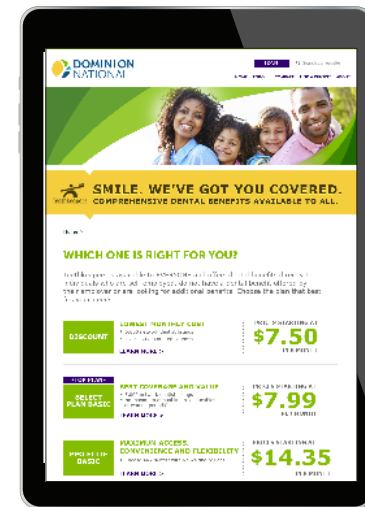
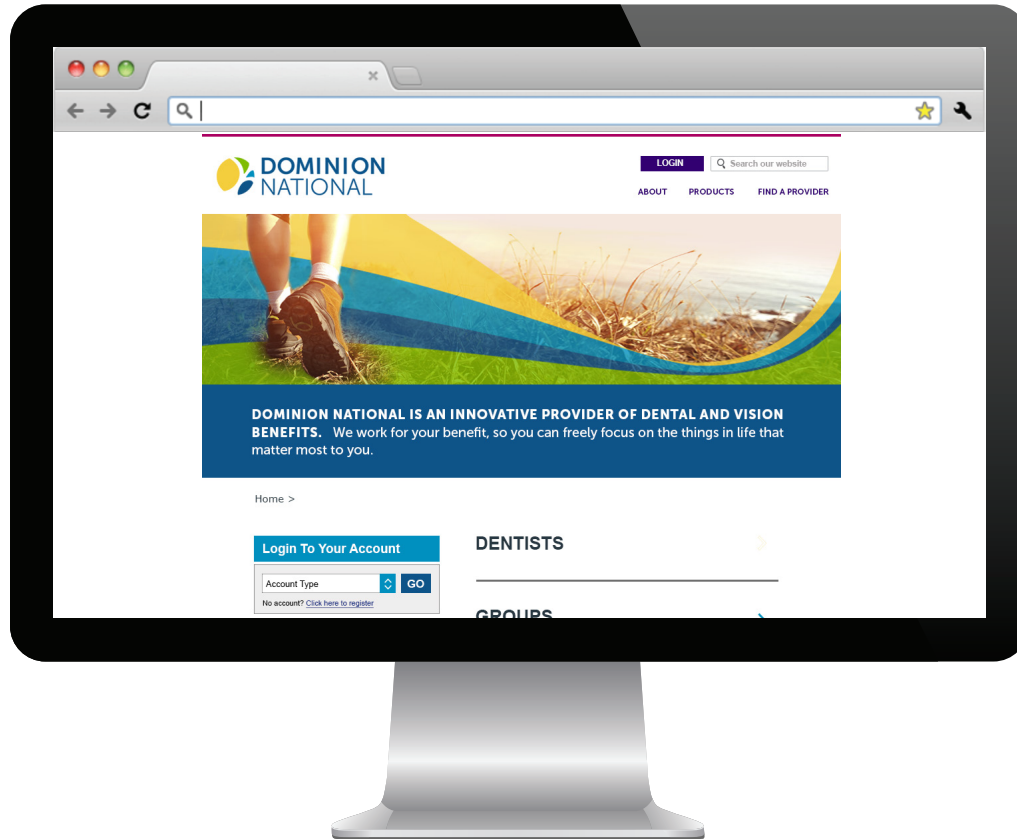
CLAIMS

- 99.5% CLAIMS ACCURACY**
- 95.9%** of all claims are processed within 15 DAYS.

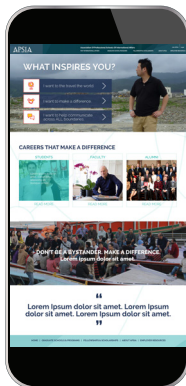
1. Dominion National Internal Performance Report, 2015.
2. Dominion National Customized Member Survey, 1st Quarter 2016. Not All Members Included. CO, Delaware, Maryland, Pennsylvania and Virginia. Participating services are subject to change.
3. Dominion National Member Satisfaction Survey, September 2015.
4. Dominion National Group Implementation Satisfaction Survey, 2015.

WE WORK Benefit

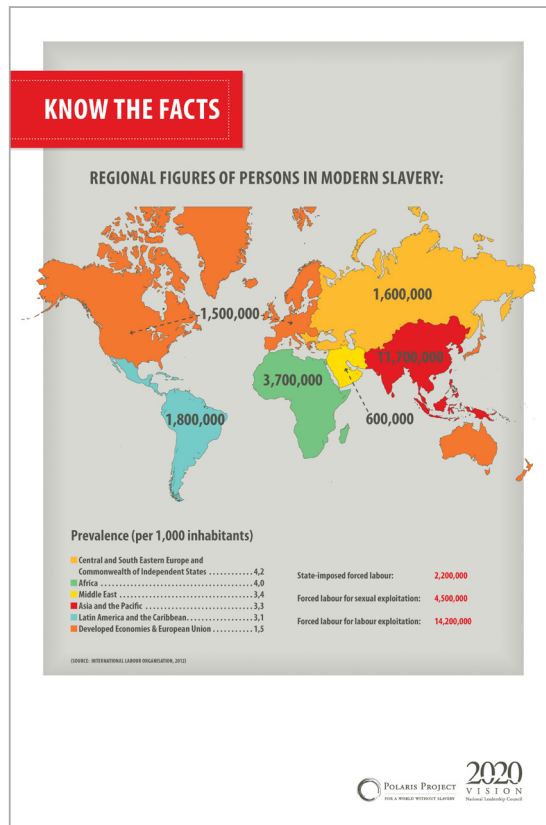
DOMINION NATIONAL



APSIA



POLARIS PROJECT



POLARIS PROJECT

POLARIS PROJECT IMPACT

NATIONAL HUMAN TRAFFICKING RESOURCE CENTER
 "...at the epicenter of doing good for victims of human trafficking in the United States."
 -CNN International
 "...is really making a difference in reaching out to survivors and helping us prosecute abusers."
 -Secretary Hillary Clinton

TIPS AND CRISIS CALLS

Total calls received	55,000+	750+	250-500
Total potential victims identified	6,500+	500-750	1-250
Total cases reported to law enforcement	2,300+	no data	

Call statistics as of June 2012

2020 VISION
 A POLARIS PROJECT INITIATIVE

POLARIS PROJECT IMPACT

BUILDING A NATIONAL RESPONSE (2008-2012)

Average number of calls per month:

2008	400
2009	640
2010	990
2011	1,619
2012	1,700+

Types of calls:

sex-related	41%
labor-related	32%
other	27%

Red = sex-related, Orange = labor-related, Blue = other

2020 VISION
 A POLARIS PROJECT INITIATIVE

SLAVERY IS CLOSER THAN YOU THINK

A Nebraska mother of three was arrested for sex trafficking her 14 year old and 7 year old daughters at truck stops and motels. She was arrested at a New York motel after she tried to offer herself and one of her daughters to an undercover cop for \$200.

NEBRASKA AND NEW YORK | APRIL 2012

2020 VISION
 A POLARIS PROJECT INITIATIVE

SLAVERY IS CLOSER THAN YOU THINK

A 16-year-old girl from St. Louis was sentenced to 20 years in prison for receiving gifts of money in exchange for sex. High school and college students in other states are being groomed. Some even report fear or work 12 hours per day and are unable to leave their jobs and abuse.

VIRGINIA | JUNE 2012

2020 VISION
 A POLARIS PROJECT INITIATIVE



THE EMC / UNCF STEM SCHOLARS PROGRAM

A leader in information management, EMC believes that, second only to human resources, information is an organization's most important asset. EMC provides the technologies and tools that can help businesses release the power of their information. EMC helps organizations design, build and manage flexible, scalable and secure information infrastructures.

PROGRAM

The EMC / UNCF STEM Scholars Program has been established to increase minority student interest in EMC and expand the company's pool of minority employees. The program seeks to identify the best and brightest candidates for whom EMC will provide the training and skills development essential for successful careers within the industry.

Selected scholars will participate in 8 – 10 week paid internships at EMC's Hopkinton, MA, headquarters and, upon successful completion of the internship, receive up to \$5,000 scholarships to apply toward school expenses.



ELIGIBILITY CRITERIA

- Classification - Sophomore or junior enrolled in a baccalaureate degree program
- Citizenship - U.S. or permanent resident
- Major - Computer Science, Electrical Engineering, Information Systems, Information Technology or Mechanical Engineering
- Grade Point Average - Minimum 3.0 cumulative GPA on a 4.0 scale

APPLICATION

Prospective applicants can access the electronic application at:

<http://www.uncf.org/forstudents/scholarship.asp>

In addition to completion of the on-line application, applicants must provide a faculty recommendation, a resume and a transcript.

**APPLICATION DEADLINE IS
JANUARY 14, 2010**

For additional information, call 703.205.3514 or e-mail alice.syke@uncf.org.



UNCF:
Moving to Ensure a
College Education
for minority and low-income Americans



UNCF: A Legacy of Success

- Over its 66-year history, UNCF has:
- Enabled more than 350,000 minority and low income students to get a college education
 - Raised and distributed more than \$3 billion to send kids to college
 - Awarded scholarships under 400 programs to help more than 10,000 students a year attend 900 colleges and universities
 - Provided financial support to enable 39 member institutions keep academic programs strong and tuition low
 - Established an Institute for Capacity Building that helps member colleges become stronger and more self-sustaining



UNCF: Since 2004

Under the leadership of Dr. Michael Lomax, UNCF has:

- Raised more than \$1.2 billion
- Awarded \$437.5 million through more than 50,000 scholarships
- Provided over \$100 million in support to member colleges
- Leadership role in shaping national education policy
- Launched the UNCF Institute for Capacity Building with \$29 million in funding to date
- Secured \$199 million in donated Ad Council-sponsored public service announcement campaign

UNCF'S GATES MILLENNIUM SCHOLARS PROGRAM

A Model of Success for Thousands of Students—and the Nation

The Gates Millennium Scholars Program is the nation's largest scholarship program for low-income, first-generation college-bound students. It provides financial support to help students pay for college expenses, including tuition, books, and living costs. The program also provides mentorship and career guidance to help students succeed in college and beyond.

The Gates Millennium Scholars Program is a model of success for thousands of students—and the nation. It provides financial support to help students pay for college expenses, including tuition, books, and living costs. The program also provides mentorship and career guidance to help students succeed in college and beyond.

National college graduation rate: 55%

Gates Millennium Scholars college graduation rate: **79.9%**

GATES MILLENEUM SCHOLARS

LEADERSHIP IN SERVICE TO OTHERS

Gates Millennium Scholars
2009 Annual Report

Mission
College-bound students receive financial barriers to higher education, and prepare high-achieving, low-income students for college. Increase educational success, improve financial literacy, and provide financial assistance to make significant contributions in a dynamic and evolving global community.

GMS Online Communities
Prospective Scholars, Parents/Guardians and Counselors/Coaches
Register today at www.gms.org or visit **Gates Communities**
The GMS online communities will provide information to the GMS program, as well as provide information and resources to help students and their families understand the application process.

Who should register

- 11th-12th graders interested in information on college and scholarship preparation.
- Prospective parents or prospective advisors.
- Middle and high school guidance counselors.

Program administered by

UNCF
United Negro College Fund, Inc.
4000 Veterans Plaza Corporate Drive
PO Box 10000
Atlanta, Georgia 30336
Toll-free Phone: 877.860.GAMP (4677)
Email: info@gms.org
Web: www.uncf.org

AACC
American Indian Graduate Center Scholars
4520 Montgomery Blvd NE
Suite 118
Albuquerque, NM 87109
Toll-free Phone: 866.686.2927
Web: www.aigc.org

ARISE
Asian & Pacific Islander American Scholarship Fund
1900 L Street NW
Suite 210
Washington, DC 20036
Toll-free Phone: 866.374.6677
Email: arise@ariseaid.org
Web: www.ariseaid.org

HHSAC
Hispanic Scholarship Fund
55 Sausalito Street
Suite 1100
San Francisco, CA 94116
Phone: 415.262.2410
Email: gs@hhsac.org
Web: www.hhsac.org

Program funded by
Bill & Melinda Gates Foundation

Gates Millennium Scholars

Scholarship & Nomination Guidelines

Leadership in Service to Others
www.gms.org

What is the GMS program?

The GMS program selects 1,000 students per year as Gates Millennium Scholars. Awards are based on the cost of tuition, fees, books, and living expenses for the academic year, as well as the availability of grants or other outside aid reported on the student's financial aid award letter. Students receiving Gates Millennium Scholarships must request a letter from a graduate degree program in one of the following academic disciplines: computer science, education, engineering, life science, mathematics, public health or science.

"The Gates Millennium Scholars Program scholarship is an opportunity to pursue my dreams, to make a difference and give back to my community."
—**Meena Arshady, GMS Class of 2009**

The Nomination Process

A complete nomination packet must be submitted for each student. The three components include:

1. Nomination Form
2. Recommender Form
3. Nominee Personal Information Form

Complete applications may be submitted online, by mail or as a combination of both methods to the deadline.

Nominators

Prospective teachers, guidance counselors and other professional educators acting in their personal capacity and not representing their institutions are invited to nominate students with outstanding academic qualifications. Nominators include those who will contribute income to the program: parents, grandparents, aunts, uncles, teachers, counselors, mathematicians, public health or science. Institutions may not be a nominator. Institutional nominations will not be accepted.

Recommenders

Recommenders can be faculty who are familiar with the nominee's classroom work, extracurricular and leadership activities, such as work supervising or a community leader. All recommenders must act within their official capacity. Recommenders from relatives will not be accepted.

If the person who serves as Nominator is also familiar with the student's non-academic activities, he or she may serve as Recommender as well.

Nominees

This selection process is very competitive and only 1,000 extraordinary students are selected. Students are eligible for award consideration if they:

- Are African American, American Indian/Alaska Native, Asian Pacific Islander American or Hispanic American.
- Are citizens, naturalized or legal permanent residents of the United States.
- Have attained a cumulative GPA of 3.3 or an unweighted 3.0 grade or have earned a GED.
- Will be entering a U.S. accredited college or university as a full-time, degree-seeking, first-year student.
- Have demonstrated leadership abilities through participation in community service, entrepreneurial or other activities.
- Meet the eligibility criteria for a Federal Pell Grant.
- Have all documents submitted by the deadline date.

Each student is required to provide a completed Nominee Personal Information Form. Nominees are encouraged to request assistance from Nominators with this step. Please note that students are allowed to submit a Nominee Personal Information Form on their own and may receive a Nominee ID number.

Requirements & Guidelines

Additional facts and requirements to consider:

- Nominations must be supported by nomination of all three forms: a complete application contains the Nominee Personal Information Form, Nomination Form and the Recommender Form.
- Forms may be submitted electronically or together.
- Nominees, Nominators and Recommenders must submit their forms electronically at www.gms.org. Supporting forms may be submitted as hard copy attachments if students are unable to submit electronically.
- If you qualify for an American Indian/Alaska Native award, and if you are awarded as a finalist, you will be required to attend part of their orientation or a certificate of degree.
- Applications received for a GMS scholarship must be eligible for a Federal Pell Grant. Apply for a Pell Grant online by electronically submitting the Free Application for Federal Student Aid (FAFSA). Please visit www.fafsa.ed.gov to obtain eligibility.
- Students do not need to complete the FAFSA form prior to the submission of their GMS application.
- Students are recommended by the GMS FAFSA team by February 15. Their FAFSA forms are available January 1 of each year.
- The GMS scholarship is awarded based on nomination, academic excellence and the number of applications received.

For nomination materials, visit www.gms.org or contact us at 877.860.GAMP (4677).

Gates' Global Reach

Our success is defined by thousands of students around the world.

Gate Scholars' Achievements Home and Abroad

Meena Arshady
Named Young Entrepreneur of the Year by National Foundation for Teaching Entrepreneurship.

Erika DiPalma
Is helping a friend start a nonprofit charity for orphanages in Mexico.

Loan Li
Working in the field of alternative energy, researching the efficiency of thin film amorphous silicon solar panels.

Xavier Cano-Otero
Has performed in numerous benefits to raise money for various causes, among them "Equity Rights AIDS" in NYC.

Precious Johnson
Received a grant from the Spanish Ministry of Education and Science to teach in Spain.

Miguel Llano
Sits on the board of the National Society of Hispanic MBAs, working to increase the education of Hispanic youths through higher education.

Benjamin Nurse, Jr.
Served in Peace Corps, Born as a teacher & HIV/AIDS prevention educator, taught English in China.

Shantria Collins
Co-founded a nonprofit organization that educates youth in and about HIV/AIDS and other sexually transmitted diseases via the website, www.votoknow.com.

12 | Gates Millennium Scholars

2009 Annual Report: Leadership in Service to Others | 13

UNITED WAY

A SOLID INVESTMENT

DOING WELL BY DOING GOOD

By partnering with the world's largest privately-funded nonprofit, you have access to the breadth of our programs and connect your brand with millions. United Way builds stronger communities by improving education, financial stability and health among all age groups and through diverse communities around the world.



PARTNER WITH UNITED WAY



EXPAND YOUR BRAND

Your brand can connect with our **2.8 million volunteers** and **9.7 million donors** in nearly **1,800 communities** across **41 countries** and territories. By aligning with a top five all-star charity, your brand gains esteem and reach.



INCREASE YOUR IMPACT

Your donation goes farther. With over **\$5.27 billion raised** each year, our programs have the reputation, resources and relationships needed to generate change on a local, national and international scale.



BE A LEADER

Show your stakeholders that you are committed to a **broader strategy** for community change. You are investing in safer, healthier communities, skilled workforces and an educated, equipped younger generation.



To learn more about how your organization can join the worldwide movement to build stronger communities, visit www.unitedway.org or call 703-836-7112 x387

JOIN THE GLOBAL LEADERS OF SOCIAL CHANGE



UNITED WAY. A WORLDWIDE MOVEMENT

126 years ago, a priest, two ministers and a rabbi recognized the power of cooperative action to advance the common good, and United Way was born.

Today, United Way is the world's largest privately supported nonprofit organization.



1,800

LOCAL COMMUNITY-BASED UNITED WAYS WORLDWIDE



41

COUNTRIES AND TERRITORIES



2.92 MILLION

VOLUNTEERS ENGAGED



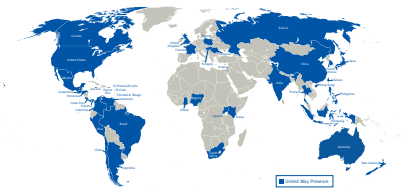
10 MILLION

INDIVIDUAL DONORS



\$5.273 BILLION (USD)

RAISED WORLDWIDE BY THE MOVEMENT IN 2012



Our power to drive change in communities has been fueled by our ability to bring leaders together. Join forces with United Way to help individuals and families achieve their human potential.

THE CASE FOUNDATION



PRINCIPLES IN ACTION

EXPERIMENT EARLY AND OFTEN:
Don't be afraid to go first.

REACH BEYOND YOUR BUBBLE:
It's comfortable to go it alone.
But innovation happens at intersections.

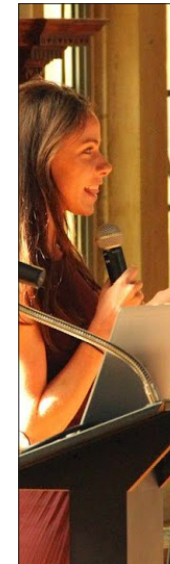
Fearless from the start, Global Health Corps was formed by six diverse strangers with a shared vision—to spark and nurture unlikely partnerships among very different young people from around the world to impact global health.

SYNOPSIS/SUMMARY

Global Health Corps is experimenting early and reaching beyond its bubble by not only providing a platform for young professionals to leverage their unique skills and talents, but also by partnering across sectors and borders to work on the front lines of health equity.

In this case study you will learn how Global Health Corps, founded by six unlikely partners, is changing the perception of global health by acknowledging that relevant expertise is *everywhere*. By engaging with non-traditional partners and connecting individuals with

diverse skill sets, the organization is positively impacting the health of underserved populations around the world. And you will learn about the impact fellows are having in the field—from reducing stock-out rates for critical medicines in Malawi, to writing a national training manual preventing HIV transmission from pregnant women to their babies in Uganda to developing a comprehensive chronic disease prevention report on environmental solutions to the top 10 causes of death in Newark, NJ.



THE BACKGROUND

In 2008, six individuals in their 20's found themselves connected through the 2008 aids2031 Young Leaders Summit hosted by UNAIDS and Google. The group included Barbara Bush, Andrew Bentley, Charlie Hale, Dave Ryan, Jenna Bush Hager and Jonny Dorsey. During a plenary session at the Summit, each participant heard a bold and inspirational challenge put forth by Dr. Peter Piot of UNAIDS:

Find new ways to engage the next generation of leaders in solving the world's health problems.

While all six founders were passionate about global health, only a few had any background or experience in the field: Bentley and Hale worked in the tech sector; while Dorsey and Ryan had backgrounds in student campaigns; Bush Hager brought an educational background; and Bush brought field-based global health experience. Each was a visionary in his or her own right. These six young people had not all met before the summit and none had ever led an organization before. Through a series of interactions after the conference, they soon discovered a common interest in creating social change and a shared conviction: belief that their generation had powerful ideas to offer and that hundreds of thousands of their peers were equally motivated. Armed with a new, exciting sense of community and purpose, these six young people decided to take Dr. Piot's challenge on as their own.

THE "AHA MOMENT"

Following the conference, the six new friends with different backgrounds met for a weekend at an apartment in Baltimore, MD, to discuss and reflect on Dr. Piot's message and what it might mean for them.

They recognized that they each brought specific skills and strengths to the table despite their vastly different backgrounds.

With collective expertise that ranged from IT to advocacy and from health to education, they came to the conclusion that their background and skills—much of which fell outside the traditional background for health workers—could all be relevant and helpful in meeting Dr. Piot's challenge. Operating outside the constraints of convention, they developed a shared belief that dramatic power existed within their collective diversity (and that of their peers).

Over the course of the weekend, the group came to realize a shared vision for a programmatic model that, similar to Teach for America, would provide a platform through which young people interested in global health could leverage their unique talents to positively impact health organizations. Equally important, such a network-based organization could create for those same young people the network, skills and experiences to effect change in the field for the rest of their careers. They envisioned a model where young people from around the world partnered together and brought their unique talents to the effort.

-2-

They asked themselves,

Could the common passion, yet diversity of thinking that brought us together also be a model for engaging young people in issues of global health?

While they weren't sure if such a model existed, they were beginning to see the power of diverse partnerships through their own interactions made that weekend in Baltimore. They decided that their idea was worth investigating. By the time the weekend was over, the vision and rough business plan for Global Health Corps was born.

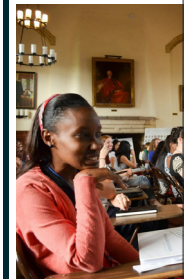
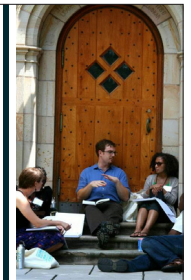
THE BE FEARLESS RESPONSE

Despite the obvious risks of embarking on a partnership with equally young and inexperienced individuals, the six members of the Global Health Corps founding team made a commitment to investigate their vision. They began to extensively research their initial idea, surely such a program must already exist? After spending four months speaking with sector experts like Wendy Kopp, Larry Brilliant and Paul Farmer, and meeting with leading organizations like Partners In Health and Clinton Health Access Initiative, it became clear that no other organization was intentionally engaging 20-somethings from around the world in a collaborative approach to global health work. This discovery catalyzed a personal and professional commitment among the six founders

to focus their time, attention and energy to initiating their program model. Together, they launched Global Health Corps with a mission to mobilize a global community of emerging leaders to build the movement for health equity.

The transition from envisioning to actually launching Global Health Corps was a leap. When the organization was founded, all of the founders worked remotely. There were no formal job descriptions or titles defining an organizational hierarchy. It was simply all hands on deck. Having a virtual team with founders in both San Francisco, CA, and New York City enabled the team to divide and conquer relationship-building efforts on both coasts. The donation of a conference room within another nonprofit organization provided the organization with its first office space (which is still Global Health Corps' base of operation).

One of the biggest start-up hurdles that the organization faced was securing partnerships with development organizations willing to host fellows. It wasn't until they had convinced Partners In Health and the Clinton Health Access Initiative (two leaders in the global health field) to take fellows that the program really got off the ground. Securing commitments from these organizations gave Global Health Corps the credibility needed to attract other global health organizations to take on fellows. Through the formation of these early partnerships with key leaders in the field, as well as seed funding from google.org, Global Health Corps transitioned from an idea into an actual organization.



-3-

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION



MAKING AN AIDS-FREE GENERATION A REALITY

ANNUAL REPORT // 2013 //  ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION



After 25 years, we remain passionately committed to continuing this fight—until no child has AIDS.

WE ARE LEADING AN INTEGRATED AND SUSTAINABLE FIGHT TO END PEDIATRIC AIDS

To reach mothers and babies who have been left behind, we are leading the way with an integrated sustainable global approach. We can't end the AIDS epidemic without also improving maternal health and child survival rates and overcoming the barriers to health care caused by poverty, lack of education, and underdeveloped health systems.

WE ARE REACHING FAMILIES IN AREAS OF THE WORLD HARDEST HIT

Nearly 70 percent of the people infected with HIV live in sub-Saharan Africa. With support from our donors, we work with ministries of health, nongovernmental organizations, and other partners in 13 nations in sub-Saharan Africa and in India—strengthening health systems and helping to move HIV services into areas that are most underserved.

One in six HIV-positive pregnant women worldwide receives services for the prevention of mother-to-child transmission (PMTCT) of HIV through programs supported by EGPAF and its affiliates.

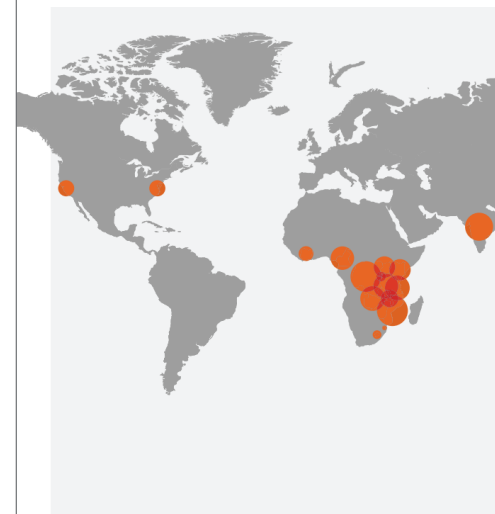
WE SEE AN AIDS-FREE GENERATION ON THE HORIZON

Progress is building toward an HIV-free generation. In 2013, we passed a significant milestone when U.S. Secretary of State John Kerry announced that 1 million babies had been born HIV-free over the past 10 years through programs supported by the U.S. President's Emergency Plan for AIDS Relief, one of EGPAF's key funding partners.

Over the past decade, we have been a leading force in helping to build national health systems that are accountable, effective, and sustainable.

After 25 years, we remain passionately committed to continuing this fight—until no child has AIDS.

CHARLES LYONS // President and CEO, the Elizabeth Glaser Pediatric AIDS Foundation



OUR GLOBAL REACH

EGPAF operates in 15 countries, 13 of which are in sub-Saharan Africa—the area of the world hit hardest by the AIDS epidemic.

As of Dec. 31, 2013, the Elizabeth Glaser Pediatric AIDS Foundation

actively supports

7,000

health facilities worldwide

has reached

19,000,000

women with services to prevent transmission of HIV to their babies

has enrolled

2,200,000

individuals, including 200,000 children, in care and treatment programs