

MAKING CHANGE

ACCESS EDUCATION ADVOCACY EMPOWERMENT PROTECTION LEADERSHIP PERCEPTION ACTIVISM ATTITUDE

The status quo has never been our friend.

At Planned Parenthood of Northern New England, we value progress. Innovation. Revolution. **CHANGE.** In 2010, we set out to improve access to quality health care, shift public perception of our services, influence legislative action, and so much more.

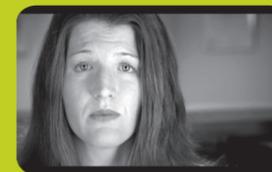
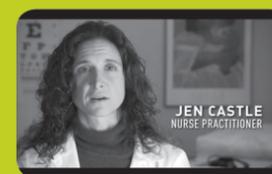
When budgets, attitudes, and economic factors challenge our work, we keep right on advancing the education, health care, and activism that's important to so many people in our region. To us, doing nothing has never been an option.



Planned Parenthood of Northern New England is committed to providing women with high-quality reproductive and preventive health care and sex education. An integral part of our mission to provide comprehensive care is upholding women's right to choose and securing full access to our services against anti-choice agendas. PPNNE supports pro-choice legislation and works to elect legislators who will represent the best interests of our patients.

Activism urged votes for choice.

In 2010, the Planned Parenthood of Northern New England Action Fund endorsed pro-choice candidates in Vermont, New Hampshire, and Maine in the congressional, gubernatorial, and legislative elections. We interviewed and researched candidates' commitment to women's health to fully educate constituents prior to their vote. We worked in coalitions and activated supporters through volunteer phone-a-thons, canvassing, and our Get Out the Vote campaign to elect pro-choice candidates. The PPNNE Action



Frames from a series of television ads that appeared in Vermont, New Hampshire, and Maine, highlighting candidates' stances on reproductive health.

Fund ran television ads and press stories, hosted candidate endorsement events, and launched a hugely successful social media, phone banking, and direct mail campaign in all three states. We were successful in helping to elect pro-choice representatives—notably, Governor Peter Shumlin, Senator Patrick Leahy, and Congressman Peter Welch in Vermont; Governor John Lynch in New Hampshire; and Representative Chellie Pingree in Maine.

DONOR PROFILE:

Sisters' support focuses on future.

Vermont sisters Barbara Lande Bronfman and Patricia Passmore Alley grew up with a surprising Planned Parenthood legacy. Their mother, Helen Passmore, was an avid Planned Parenthood supporter despite being a "Reagan Republican." She felt that reproductive choice should not be political, and that supporting Planned Parenthood helps solve some of society's most pressing issues.

Like her mom, Barb supports Planned Parenthood as an investment in children's futures. She believes wholeheartedly that PPNNE services can decrease child abuse, neglect, and poverty by making every child a wanted child.

Trish's connection is deeply personal. "I lost my only child by miscarriage when I was almost 40," she said. "That was the biggest loss of my life. I was fortunate to have access to good medical care that may have saved my life." Trish's work with children affirms her hope that all children will be deeply loved.

Barb added, "I would like to see the day when Planned Parenthood can focus all of its time, energy, and resources on providing quality health care and education rather than having to spend time fighting political agendas of those who misrepresent the mission."



Barbara Lande Bronfman and Patricia Passmore Alley

Throughout New England, intimate talks between new allies and old friends helped to spread the word.

In 2010, several hundred people assembled in homes and offices—from Burlington, VT to Concord, NH to Portland, ME and multiple locales in between—to participate in grassroots, community-based PPNNE gatherings that focused on education, action, and networking. Attendees met our new CEO/President, Steve Trombley, and staff, shared in conversations about the challenges facing PPNNE, learned about our exciting new vision forward, and enjoyed the company of friends old and new over delicious hors d'oeuvres and refreshments. We thoroughly enjoyed meeting and reconnecting with so many PPNNE supporters and we are truly grateful to the individuals who opened their homes, businesses, address books, and wallets to host these events:

Anonymous (4)	Elsa Luker
Alice Bassett	Margot Milliken
Mary Belenky	Jessica Oski
Debby Bergh	Randall Perkins
Amanda Rising Black	Leah Plunkett
Mary-Jo Brown	Mary Rauh, PPNNE Board Member
Senator Martha Fuller Clark & Dr. Geoffrey Clark	Ala H. Reid
Heather & John Dwight	Ellen Reid
Apple Faulkner	Seventh Generation
Jennifer Frizzell	Steven Sinding & Monica Knorr
Wendy Frosh	Drs. Carol Ward & Charles de Sieyes
Lucy Hodder	Ginny Walters
Sheila & Jeffrey Hollender	Katherine Wheeler
Paula & Robert Hoy	Helen & Sumner Winebaum
Lucy Karl	

We fought back as states targeted access to care.

Across our region, the 2010 legislative session was rife with bills aimed at limiting women's access to vital reproductive health services and attempts to cut Planned Parenthood of Northern New England's funding. Our advocacy work during the midterm election cycle was crucial in defending women's right to reproductive health care against these state-specific attacks. To further our mission, PPNNE sought to strengthen and maintain close relationships with legislators, advocated for or against specific legislation, fostered support in our local communities, and advocated proudly for pro-choice candidates.

In Maine, we defeated the attempt to restrict minors' access to vital reproductive health services, and worked to maintain funding for family planning and garner support during the state budget discussion. We also played an important role in passing a bill to provide expedited sexually transmitted infection treatment for partners of patients with infections.

In New Hampshire, we confronted bills directed toward restricting minors' access to reproductive health services, such as the parental notification bill, and efforts to defund PPNNE. We advocated for the creation of a maternal mortality panel to conduct comprehensive, multidisciplinary reviews within the state to improve women's health care.

In Vermont, we supported a bill to ban BPA in food storage containers and baby products, worked for a comprehensive chemical reform bill, and advocated for statewide health care reform that included PPNNE as an essential community provider. We also sought to secure family planning funding in the state budget to protect access to critical reproductive health care. PPNNE stood proudly for women's right to choose despite an emotionally charged bill that would have established a fetal personhood law.

DONOR PROFILE:

Mom turns to PPNNE for herself, then son.

As a freshman at the University of Georgia, Nancy Beach got pregnant the first time she had sex. With no one else to turn to, she went to Planned Parenthood, where staff listened, let her cry, and carefully explained all of her choices. Nancy chose to terminate the pregnancy.

Decades later, Nancy is now the mother of Nathaniel, a 26-year-old with Downs Syndrome. A few years ago he came to Nancy with questions about his sexuality, but didn't really want to discuss the details with his mom. So Nancy turned again to Planned Parenthood, where a nurse sat down with Nathaniel.

"She treated him with dignity and respect—she didn't treat him like a child, but as a young man with questions," Nancy said. "I realized that's what this organization does every day." That's when Nancy became a PPNNE Sustainer through automatic monthly donations.

"We all need a safe place to go to that won't judge us, no matter what has happened," Nancy said. "That's what Planned Parenthood is to me. If you weren't around tomorrow, who would be there to fill that void? I can't think of anyone. That is why I donate every month, and I will forever."



Nancy Beach with son, Nathaniel

Photo: Deb Cram

Because progress doesn't just happen on its own, we stayed busy in 2010.

Last year there were many small but important transformations to our services, staff, and support network. Here are some of the positive changes PPNNE experienced in 2010:

- In February, we welcomed our new CEO, Steve Trombly.
- Medical protocol updates incorporated research about initiation and frequency of Pap testing, which results in fewer unnecessary interventions, particularly in young women under 25.
- Days and hours of availability for abortion services expanded at our abortion-providing sites.
- We created a Regional Clinical Director position in each state to provide support to practitioners, staff, and patients.
- A small group of generous friends matched donations during our fall and year-end fundraising campaigns, encouraging more philanthropy across our region.
- Centralized appointment scheduling for all health centers was implemented, allowing patients to call between 8am-5pm on any day to book an appointment, not just when health centers are open.
- Thirty-six volunteers logged 4,500 hours in our health centers and administrative offices, including 30 “regulars” who dedicated one or two days each week.
- The number of volunteers who were available to help with one-time volunteer opportunities nearly doubled, bringing the total across all three states to almost 700.
- We implemented patient greeter programs in our Burlington, VT and Manchester, NH health centers.
- A dedicated group of donors increased their support and set a new record for the Laura Fund, which provided financial assistance for abortion care to 851 women—more than double the number served in 2009.
- We kicked off our branding research to create a bold new communication vision for a new generation of patients with several focus groups of young women.
- Our new Regional Employment Specialist and Site Support roles in each state offered recruitment and human resources support to site managers and staff, creating more efficient and effective hiring systems.



DONOR PROFILE:

Three generations carry on a legacy.

Ten years ago, Jessie Moore created a Charitable Remainder Trust and asked each of her children to designate an organization to benefit. Daughter Jay Reighley chose PPNNE.

As a young woman, Jessie saw first hand how lives could be saved through preventive health screenings when she worked in the Pap lab at Massachusetts General and later as a volunteer in a Cincinnati Planned Parenthood clinic.

Jay, whose 30-year résumé as a nurse practitioner in women's health includes a staff position at PPNNE, thinks one of our most important roles is educating patients about the effects of environmental toxicants on fertility and health. She is confident that her gift will further our ability to be on the cutting edge of reproductive health care.

Now a third generation of the family is involved. Jay's daughter, twenty-one-year-old Rosie, says she was inspired by her mom's passion toward choice. Together they went to the 2004 March on Washington, and now Rosie wants to continue spreading the word. She's “liked” us on Facebook and, like her mother and grandmother, has become a Planned Parenthood expert her friends can turn to.



Jessie Moore with daughter, Jay Reighley, and granddaughter, Rosie.

Patients & Patient Visits

MAINE			VERMONT		
	Patients	Visits		Patients	Visits
Biddeford	1,369	2,117	Barre	2,379	3,330
Brunswick/Topsham	1,565	2,241	Bennington	830	1,289
Portland	7,209	10,478	Brattleboro	1,768	2,828
S. Maine Community College*	32	39	Burlington	4,848	6,369
Sanford	1,429	2,296	Hyde Park	892	1,369
Totals	11,604	17,171	Middlebury	890	1,435
NEW HAMPSHIRE			Newport	836	1,415
Claremont	1,379	2,113	Rutland	2,251	3,231
Derry	2,367	3,393	St. Albans	1,124	1,778
Exeter	1,836	2,599	St. Johnsbury	447	554
Keene	2,362	3,773	Waterbury	316	397
Manchester	5,396	7,588	Williston	1,374	1,930
West Lebanon	2,510	3,524	VT Women's Choice	3,205	5,222
Totals	15,850	22,990	Totals	21,160	31,147
PPNNE TOTALS				48,614	71,308

*Closed in 2010

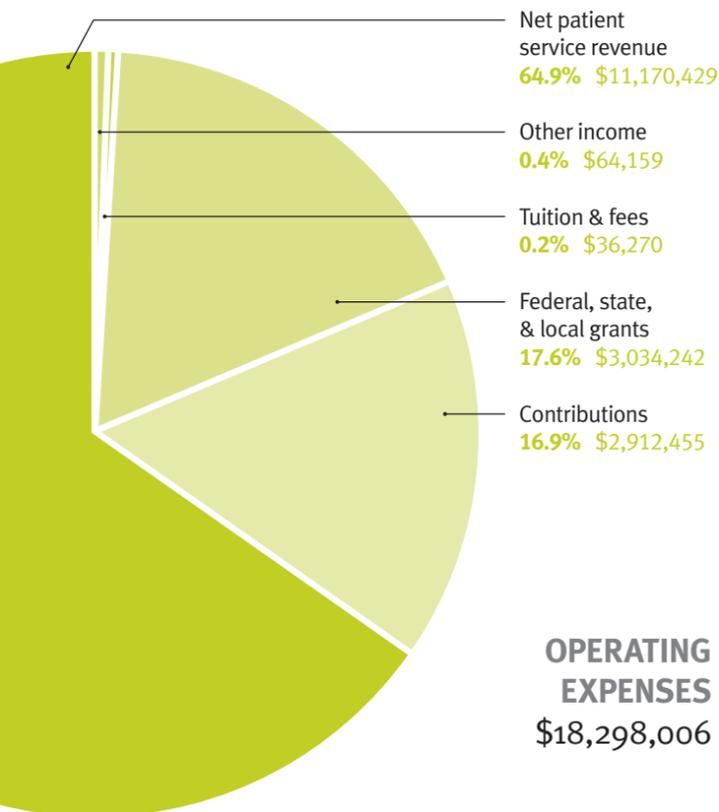
PPNNE Locations

HEALTH CARE, ADVOCACY, & EDUCATION ACROSS NORTHERN NEW ENGLAND

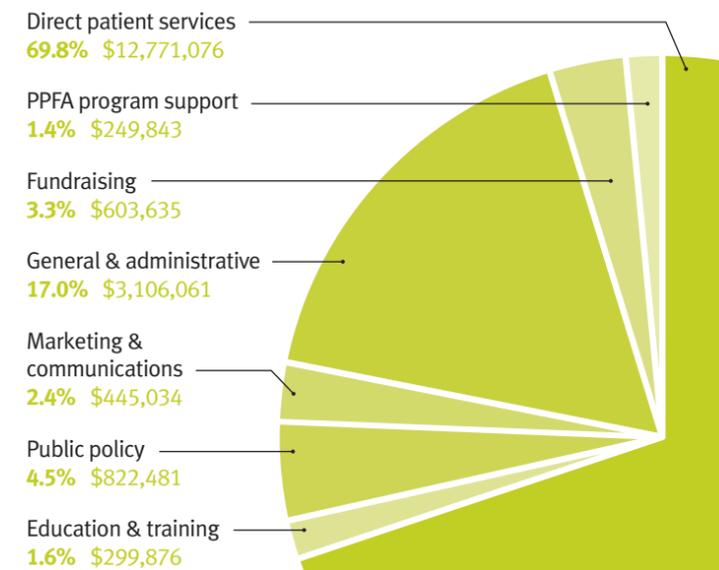
- PPNNE Health Center
- Vermont Women's Choice
- * Administration/External Affairs
- Central Administration



OPERATING REVENUE
\$17,217,555



Operating Revenue & Expenses



OPERATING EXPENSES
\$18,298,006

Leadership

- | | | |
|--|---|--|
| Leslie Abrons | Marvin Ellison
First Vice Chair of C3 Board | Randall Perkins
Secretary of C3 Board |
| Kolawole Bankole | Jane Gage | Leah Plunkett |
| Marilyn Blackwell | Layne Gregory | Mary Rauh |
| Tanna Clews
Chair of Action Fund Board, Second Vice Chair of C3 Board, Chair of C3 Board | Eric Hanson | Jane Sakovitz-Dale |
| Rachel Connell
Treasurer of Action Fund Board | Lucy Karl | Deb Shumlin
Vice Chair of Action Fund Board |
| Joanne D'Arcangelo
Vice Chair of Action Fund Board | Deborah Kimbell
First Vice Chair of C3 Board | Steven Sinding
Secretary of C3 Board |
| Benjamin Dudley
Treasurer and Secretary of Action Fund Board, Chair of Action Fund Board, Second Vice Chair of C3 Board | Heather Krans | Ginny Swain |
| | Creston Lea
Chair of C3 Board | Geoffrey Tolzmann
Treasurer of C3 Board |
| | Melinda Moulton | Rachel Weston
Secretary of C4 Board |
| | Rashida Mohamed | |

My first year at PPNNE was transformative

and set the stage for many changes to come.

I had the pleasure of getting to know PPNNE's terrific staff, and met many of the supporters who give this organization its momentum.

Shortly after landing here, I realized there were three areas in which we needed rapid change. We needed to transform our health centers, commit to a bold and aggressive political program, and begin positioning ourselves for health care reform in 2014.

Research had shown that our health centers and offices needed to become bolder and more visible in our communities. We hired design gurus at JDK to help our facilities better reflect our patient base and the professionalism of the staff. By the end of the year, JDK had furnished us with plans to revolutionize everything from architecture and signage to equipment and artwork. We are now beginning to update our facilities into modern practices that reflect the zeitgeist of the current generation—nervy, confident, intrepid.

Toward the middle of the year, I hired two superb operations experts, Meagan Gallagher, Senior Vice President of Business Operations, and Helen Reid, Director of Operations, whose thoughtful and sustainable business growth and operational management leadership will position us for technological advances in medicine.

We carried this bold approach over to our public affairs work. With contentious electoral races in all three states, we saw an opportunity to flex our muscle. And we did. Unapologetically and proudly, we advocated for women's health issues with success and significant impact. Our name has leverage and voter credibility and we will continue to be proactive in our legislatures moving forward.

Last year, we also began our work to prepare for health care reform in 2014. The impact will be considerable, and it is crucial that we establish ourselves as the providers of choice, not of last resort. We know that close to 70% of all women enter the health care system through reproductive health care. Our fundamental commitment is to ensure any woman in the region can access our services. In rural areas, this is a particular challenge. Technology can help us lower cost and improve our business model while also increasing access to those who need it. Our operations team began mapping a plan for the infrastructure needed for pioneering health care delivery such as telemedicine, telehealth, and virtual health centers—all patient focused. Health care is a rapidly changing environment and we intend to not only be at the table, but to set the pace.

2010 may have been a year of change, but it was the first of many years with extraordinary momentum. PPNNE enjoys a strong history of health care delivery and reproductive health advocacy. We will continue to strengthen this legacy.



Stephen Trombley,
Planned Parenthood of Northern New England President/CEO

