



BUILDING HEALTHY COMMUNITIES

2 0 0 8 | **ANNUAL
REPORT**

31 YEARS OF DEDICATED SERVICE



letter from the PRESIDENT/CEO

In the spirit of learning about our communities, PPNNE conducted extensive research in 2008 to more deeply understand the needs of our core constituents: women ages 18 to 40. Through quantitative surveys and focus groups across northern New England, we explored the aspirations of young women, their health care needs, and their attitudes toward sexuality and relationships.

Their honest answers, in surveys and focus groups, have helped define a vision for PPNNE and continue to inspire us to make significant shifts in our long-term, strategic direction. Here are just some of the themes that emerged from the research:

- Young women want to live in a world where sexuality is embraced as a normal, healthy, and pleasurable part of life.
- They envision a health care system that is holistic, integrated, focused on wellness and prevention, and nurtures a strong relationship between patient and provider. Reproductive health services are a vital component of that vision.
- Due to rising infertility rates, they are as concerned about their ability to have a healthy baby as they are about preventing unwanted pregnancy.



NANCY MOSHER

- They want information and support to limit their exposure to environmental contaminants that could damage their health and fertility as well as the health of their families.
- Women under 27 especially have a vision to create a pollutant-free world where health care is high quality and affordable, sexual health is normative, and every woman can choose when and whether to have healthy pregnancies.

You will see many examples in this report of PPNNE's responses to the concerns expressed by the young women we surveyed. If we want to continue to advance our mission, we need their energy, wisdom, participation, and guidance. It has come time for me to entrust you with the expectations of Planned Parenthood's next generation of leaders.

At the end of September 2009, after 31 years serving this courageous cause, I will be leaving PPNNE. We have a proud tradition of being change agents — and now change is being demanded from us in unexpected ways. I know PPNNE, its dedicated board and staff, and all its generous and committed supporters will be up to the task.

Saying goodbye is bittersweet. The PPNNE community is blessed with wise, bold, visionary, and caring people in every health center, in every administrative office, and in towns across our three states. It has been such an honor to walk this path with all of you.

Nancy

Nancy Mosher
President/CEO

Universal access to health care



ABOUT OUR PATIENTS

The core of our mission is universal access to health care. As a result, we have become a critical provider for underserved and at risk populations such as low-income women and teens. In 2008, 62% of our patients (nearly a 13% increase over 2007) had incomes less than \$15,600 per year (150% of the federal poverty level for one person), and 43% paid for their care “out-of-pocket.” Young people have always relied on PPNNE as a health care resource. In fact, 56% of PPNNE patients were under 25 years old, 24% of whom were under the age of 20.

PPNNE also pays close attention to those with limited English proficiency (LEP). In response to the growing ethnic and racial diversity in our region, our patient information—fact sheets, consent forms, and brochures—is available in eight languages. PPNNE also provides free medical interpretation services for patients and trains staff to be culturally sensitive to the needs of all patients. ♣

Through qualitative research, we found that our patients are increasingly concerned about the effects environmental contaminants have on their reproductive health. The results from our research validate the environmental work we started in our health centers.

We began by implementing a “Health Care Without Harm” environmental audit (www.noharm.org) at all of our health centers to identify four primary contaminant areas: mercury, cleaning supplies, medical waste, and gloves. An educational component for health center staff provides guidelines for safer alternatives to make our centers safer for clients, staff, and the environment.

PPNNE is one of the only Planned Parenthood affiliates in the country tackling this initiative. Our work represents the first time sweeping environmental changes have been applied across such a large network of health care facilities, especially those that primarily serve low-income women.

We’ve also made technology improvements in our practices, such as making internal forms and form ordering electronic. Not only will these advances provide a rich array of options to better serve and communicate with patients, staff, volunteers, and supporters, but they will also significantly cut our need for paper. ♣

Engage them as patients, donors, and advocates

CREATING ENVIRONMENTALLY FRIENDLY HEALTH CENTERS



OUR CAMPAIGN FOR CHANGE

It is impossible to overstate the significance of the victory won for women on November 4, 2008.

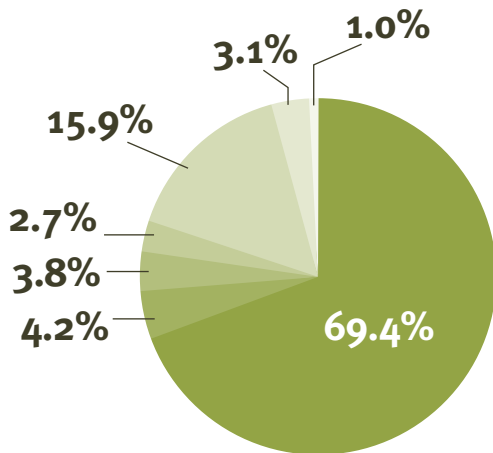
Across our three states, PPNNE’s Public Affairs staff managed a network of more than 50,000 activists who helped us face challenges unique to our political landscape.

As one of the nation’s presidential battleground states, New Hampshire gave the Planned Parenthood of Northern New England Action Fund (PPNNE’s non-partisan advocacy and political arm) plenty of opportunities to exercise its political muscle during this crucial election. With

“unsung heroes”

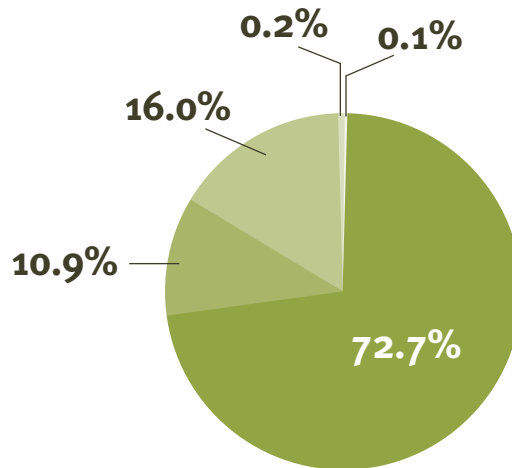
help from the Planned Parenthood Action Fund, Planned Parenthood of Connecticut, and the America Votes Coalition, PPNNE developed and implemented an intensive nine-week voter outreach program to inform voters about John McCain’s shameful record on women’s health. PPNNE’s Public Affairs staff and nearly 200 volunteers joined forces and knocked on doors, made phone calls, and canvassed crowds at political rallies to contact nearly 15,000 New Hampshire voters by Election Day. To borrow a phrase from President Obama, these committed folks must be counted among the “unsung heroes” of this election. ♣

2008 OPERATING EXPENSES AND REVENUE



OPERATING EXPENSES

- Direct patient services
- Education and training
- Public policy
- Marketing and communications
- General and administrative
- Fundraising
- PPFA program support



OPERATING REVENUE

- Net patient service revenue
- Contributions
- Federal, state, and local grants
- Tuition and fees
- Other income

2008 PPNNE BOARD OF TRUSTEES

Chair: Creston Lea (VT)
First Vice Chair: Steven W. Sinding (NH)
Second Vice Chair: Heather Krans (NH)
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2008 MANAGEMENT TEAM

President/CEO
Medial Director
VP of Administration/CFO
VP of Development
VP of Education and Training
Co-VPs of Health Center Operations

Senior VP of Policy and Community Strategy
Senior Advisor on Internal and External Communications
Director of Communications
Director of Human Resources

Nancy Mosher
 Cheryl Gibson, M.D.
 Tom Frank
 Beverly Shadley
 Catriona McHardy
 Carolynn Ernst & Ellen Starr

Dawn Touzin

Ann Fielder
 Skeek Frazee
 Kathy Landry




PUBLICATION CREDITS

Editor: Jill Krowinski
 Assistant Editors: Devon Karn and Barrie-Hope Silver
 Design: Place Creative Company

Celebrate and reinforce our mission

In 2008, as part of our “B1ofUs” campaign, PPNNE organized six weeks of activities designed to celebrate and reinforce our mission. Events included two music nights at local bars, a poetry slam, a parent program, a community “thank you” event, and a very successful Free Emergency Contraception (EC) Day at our Burlington health center, where 260 women and teens received free EC. The highlight of our outreach was “Our Right to Shoes,” an auction and cocktail party that brought together nearly 300 people in the Champlain Valley community.

During the party, PPNNE honored two outstanding community members. Heather Dwight received the Margaret Sanger Award, Planned Parenthood’s highest honor, while Llyndara Harbour made history by receiving the first-ever David Wagner Young Leader Award. This award was created in memory of one PPNNE’s founders, David Wagner, and is presented to a young organizer who embodies the mission of Planned Parenthood through service to the organization, commitment to the community, and passion that inspires others. 



CELEBRATING COMMUNITY



Over 25 businesses made in-kind donations for the silent auction.

Providing confidential, quality personal care without judgement


Planned Parenthood is a trusted name known for providing confidential, quality personal care without judgment. We have long believed reproductive health care, family planning, and sexuality education are integral to our ability to lead healthy lives and build healthy communities.

In 2008, PPNNE served 54,748 women, men, and teens through a total of 83,698 visits at our 26 health centers in Maine, New Hampshire, and Vermont. Services included:

- annual gynecological exams
- cervical, breast, uterine, colorectal, testicular, and ovarian cancer screenings
- birth control education and supplies (including emergency contraception)
- sexually transmitted infection (STI) testing and treatment
- confidential HIV testing and education

- colposcopy and cryotherapy (follow-up procedures for abnormal Pap tests)
- abortion care
- immunizations for HPV and hepatitis A & B
- referrals for bone density screening and mammograms

We provided 13,556 pregnancy tests to women and teens throughout the region, which were offered free of charge to low-income patients. Patients also counted on us for more than 52,044 tests for chlamydia, gonorrhea, syphilis, and herpes, and 5,220 tests for HIV/AIDS.

Our commitment to providing universal access to health care is what inspires and drives us to provide the best care possible to more patients in years to come. 



OUR PATIENTS ARE OUR PRIORITY



2008 Patients & Patient Visits

MAINE	PATIENTS	VISITS
Biddeford	1,516	2,455
Brunswick/Topsham	1,877	2,871
Portland	7,774	11,775
Sanford	1,579	2,560
Totals	12,746	19,661
NEW HAMPSHIRE	PATIENTS	VISITS
Claremont	1,295	2,022
Derry	2,672	4,114
Exeter	1,468	2,219
Keene	2,931	4,925
Manchester	5,480	8,255
Portsmouth	1,433	1,976
West Lebanon	2,603	3,597
Totals	17,882	27,108
VERMONT	PATIENTS	VISITS
Barre	2,608	3,795
Bennington	782	1,226
Brattleboro	1,946	3,304
Burlington	4,914	6,637
Hyde Park	893	1,494
Middlebury	857	1,334
Newport	854	1,486
PP Express	17	18
Rutland	2,611	3,891
Springfield	713	1,185
St. Albans	1,210	2,036
St. Johnsbury	984	1,533
Waterbury	692	969
Williston	1,655	2,346
VT Women's Choice	3,384	5,675
Totals	24,120	36,929
PPNNE Totals	54,748	83,698



Sterling, Peer Educator

EMPOWERING PEOPLE WITH DEVELOPMENTAL DISABILITIES

For nearly 20 years, PPNNE has been on the leading edge of providing sexuality education to adults and teens with disabilities, their family members, and their care providers.

According to veteran PPNNE educator Katherine McLaughlin, breaking through myths and stereotypes is our biggest challenge in this work. People with developmental disabilities often don't receive accurate information because others think they are different and lack the desire for sexual expression. Many people with developmental disabilities say they don't receive consistent sexuality education growing up and, understandably, that can lead to serious consequences.

Working with a coalition of service providers in Vermont, PPNNE has developed a successful program that trains people with developmental disabilities to become sexuality educators for their peers. This multifaceted program includes a curriculum and opportunities for the educators to talk one on one with their peers, create sexuality education materials, lead regional and national workshops, and conduct sexuality education programs with a staff person at various developmental disability agencies.

The curriculum was written with input from the peer educators and includes 20 lesson plans designed for groups of people with developmental disabilities. It is the first curriculum of its kind and will be available for sale online this fall.

It is the first curriculum of its kind

Informed by our landmark Gen X and Gen Y research, we know that in order to stay relevant to young people, we need to reach out in new ways to engage them as patients, donors, and women's health advocates.

To do that, PPNNE integrally linked three departments — Engagement, Marketing, and Communications (EMC) — to develop innovative community engagement strategies. This new team focuses on crafting messages that create an inclusive and accessible atmosphere, and sends them through every means possible with an emphasis on social media.

One exciting outcome of EMC is Consensual Text, PPNNE's pilot text messaging outreach tool designed for 18-28 year olds. A question is texted to a cell phone, and the answer is found online at www.sexpertise.wordpress.com. Because there are few online resources for young adults that balance factual information with honest communication, PPNNE launched this program to serve as an icebreaker to normalize conversations about sexuality, encourage openness, and affirm communication as a fundamental ingredient in healthy relationships.

BUILDING OUR SOCIAL NETWORKS

CONSENSUAL TEXT.

There's good text, and then there's great text.

