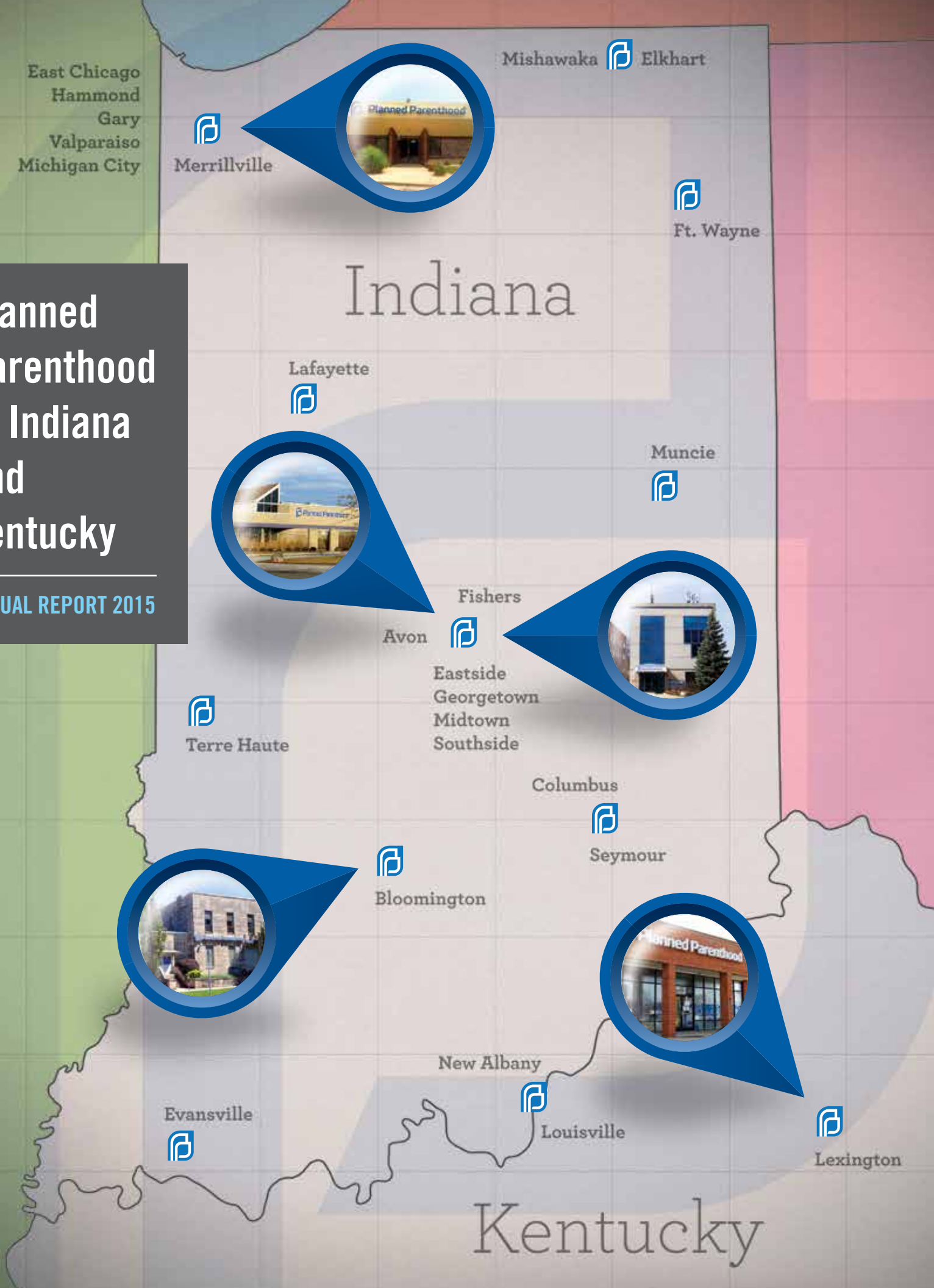


# Planned Parenthood of Indiana and Kentucky

ANNUAL REPORT 2015



East Chicago  
Hammond  
Gary  
Valparaiso  
Michigan City

Merrillville

Mishawaka Elkhart

Ft. Wayne

# Indiana

Lafayette

Muncie

Fishers

Avon

Eastside  
Georgetown  
Midtown  
Southside

Terre Haute

Columbus  
Seymour

Bloomington



Evansville

New Albany  
Louisville

Lexington

# Kentucky

## A LETTER FROM

# PPINK Board Chair Marya Rose



Change is a new constant in the Planned Parenthood of Indiana and Kentucky (PPINK) world, and FY 2015 was no exception.

During the year, we made sweeping changes to how PPINK operates with *Move the Dot*, a set of initiatives designed to enhance our service model that changed the organization from top to bottom, side to side, and introduced a new level of efficiency and standardization to our operations.

While we are not finished with this work, the productivity of our health centers is improving, and we are using early results to build upon our success and reach our goals. We are confident we are moving in the right direction to stabilize our bottom line. While we celebrate the fact that more people have affordable health care available to them, and that their insurance covers contraception, we recognize that all providers, including PPINK, must adapt to the changing needs of our patients.

We have improved the experience our patients have in our health centers in an effort to retain patients and attract new ones. Now our patients can schedule preventive health visits online, in real time—an innovation that, on average, 330 PPINK patients use each week. Our health center lobbies and signage have been refreshed to be more welcoming and to reflect updated branding.

With *Move the Dot* we introduced a central contact center, which handles an average of 4,000 calls each week, six days a week. The contact center increases productivity

by freeing up health center staff to work with patients, and it also expands the hours during which our patients can reach a live person to answer questions and schedule appointments.

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While we are celebrating our progress with these initiatives, we are ever-mindful, hour to hour, day to day, that we've embraced a culture of continuous improvement. We accept that challenge and are energized by it. Staff turnover is still high, which impacts our bottom line. As we move into FY 2016, we are focusing efforts on overhauling our staff training and development program so that PPINK employees feel equipped and empowered to continue making a difference in our organization. We need to ensure that our high-performing employees stay with us.

Our *Sara and Albert Reuben Partners in Health Education* (SARPHE) initiative continues to focus on developing more quality sexuality education-based interactions with participants, with more than 9,400 program participants taking part in 868 hours of comprehensive, medically accurate health education. Sadly, PPINK benefactor and central Indiana philanthropist Larry Reuben passed away in September 2015. SARPHE is named in honor of his parents. We are especially proud of our *Lunch 'n Learn* sessions, which were launched this year in Fort Wayne and Lafayette, Ind. to educate parents, educators and others who work with youth on sexual education topics. Our peer education programs in Indianapolis and Louisville continue to be successful. Several of our Louisville peer education participants have signed on as Planned Parenthood activists both locally and nationally.

Nearly 230 young people participated this year in IN-PACT, or *Indiana Proud and Connected Teens*. This program features a curriculum for at-risk youth that includes sessions on sex education, goal setting and life planning. In Indiana's juvenile correction facilities, teens also choose a service project, such as gathering personal supplies and sending them to troops overseas. The feedback from this program has been tremendous, and our partnership with Health Education and Training will continue for another three years.\*

Educators also played an important role in helping Indiana's social service agencies re-

## FISCAL YEAR 2015 EXECUTIVE SUMMARY AND UNAUDITED FINANCIALS

During the first quarter of FY 2015 Planned Parenthood of Indiana and Kentucky (PPINK) completed implementation of organizational changes as a result of *Move the Dot*, a process that was designed to improve efficiency in our health center and billing operations. The initiatives implemented this fiscal year included compressing health center schedules so most centers were open fewer hours but were better staffed during those hours, implementing a fully operational contact center and online appointment scheduling, and closing three health centers. This conscious investment into our future has affected our short-term financial success, and we fell short of our budgeted expectations.

Total revenue is down 3 percent from the previous year. This is largely due to a significant drop in investment income and government contracts and grants. The loss of HIV funding and decreased Title X funding resulted in a decrease of \$285,000. On a positive note, we received new funding for our health care navigator efforts, offsetting some of this decrease.

While we have continued to experience a decline in patient visits, our patient services revenue mirrored our prior year. Additionally, contributions have remained strong and for a second straight year we have set a new record in fundraising. In FY 2015, our patients utilized \$592,000 from our Justice Fund, which is a 49 percent increase over FY 2014 usage.

Our trend of spending less than budget continued in FY 2015. Expenses for the fiscal year totalled \$16.4 million, which was \$185,000 below budget. Total expenses are up 3 percent over last year actuals. The increase reflects higher medical expenses, contractual services and occupancy costs. While we experienced lower personnel costs, this reflects challenges we have had with employee recruitment and retention.



### OPERATING REVENUE

\$

● Contributions and Grants	26%	\$3,967,960
● Government Contracts and Grants	12%	\$1,824,912
● Patient Services Revenue	60%	\$9,186,401
● Miscellaneous Income	2%	\$287,911
<b>Total Operating Revenue</b>		<b>\$15,267,184</b>

### OPERATING EXPENSES

● Patient Services	76%	\$12,552,313
● Education	4%	\$650,957
● Management and General	12%	\$1,886,281
● Public Policy	2%	\$326,179
● Development	3%	\$570,094
● Marketing	3%	\$461,655
<b>Total Operating Expenses</b>		<b>\$16,447,479</b>
<b>Net Operating Revenue</b>		<b>\$(1,180,295)</b>

### Non-Operating Income (expenses)

Non-Operating Income	\$(100,589)
Non-Operating Expense	\$(910,426)
<b>Total Non-Operating Inc (Exp)</b>	<b>\$(1,011,015)</b>

spond to the emerging HIV crisis in south-eastern Indiana. Recognizing that human service workers in many of Indiana's rural communities are ill-equipped to interact with an HIV-positive population, an umbrella group of such agencies asked SARPHE educators to give an HIV education presentation. The class included HIV basics, such as how the virus is spread, and worked to dispel common myths about the HIV-positive population, equipping these agencies to better serve those in their communities.

That partnership was made possible through the work of our public policy team, which continues to make inroads with policy-makers in both Kentucky and Indiana. This team has also built upon existing supporter bases in several communities to harness the power of many voices through Community Action Partners (CAPs).

One CAPs group in St. Joseph County, Ind. scored a huge victory this spring in mobilizing voices against a proposed ordinance that would have introduced unnecessary restrictions on access to abortion in their county. The group helped raise the voices of the medical community in opposing the admitting privileges ordinance, which was a key factor in the County Council defeating the ordinance.

*Continued on Back Cover*

\* Support for this program is provided by the Personal Responsibility Education Program (PREP) Competitive Grants under the Affordable Care Act (ACA), HHS-2012-ACF-ACYF-AK-0284.

## PATIENT STATISTICS FISCAL YEAR 2015

**UNDUPLICATED PATIENTS SERVED: 55,949 / TOTAL VISITS: 137,516**

### DEMOGRAPHICS

Number of females	50,906
Number of males	5,043
Ages 17 and under	4,547
Ages 18-19	6,203
Ages 20-24	17,158
Ages 25-29	12,312
Ages 30-34	7,318
Ages 35 and over	8,411

### POVERTY STATUS\*

Patients at or below poverty	54%
Patients at or below 150% poverty	69%

\* The federal government defines poverty as an annual income of \$11,770 for one person or \$24,250 for a family of four.

### RACE/ETHNIC ORIGIN\*

White	68%
Black	19%
Other	13%
Hispanic	8%

\*\* Numbers may total more than 100 percent because both race and ethnicity are included.

### PROCEDURES PROVIDED

Pap tests	5,805
Chlamydia tests	25,965
Gonorrhea tests	25,968
Pregnancy tests	12,991
HIV tests	6,002
Gardasil (HPV vaccine)	177
Colposcopy	202
Cryotherapy	6
LEEPs	19
Abortions	5,278

### CONTRACEPTIVES DISTRIBUTED

Oral contraceptives	127,070
Depo-Provera injections	19,889
Emergency contraception	4,816
Implanon	1,183
IUDs	880
Nuva Ring	5,497
Essure	3
Other contraceptives	18
Condoms/Spermicides	49,534

### EDUCATION STATISTICS FY 2015

Total Participants	9,471
Education/Training Session Hours	868

#### Continued from Previous Page

In Louisville and Indianapolis, a lapsed program was revamped and relaunched to engage young professionals who are a crucial supporter base. Planned Parenthood Young Leaders (PPYL) launched in February 2015 in Louisville to reach supporters under 40. It has grown from a four-person committee to seven. PPYL held a well-attended “Cocktails for a Cause” event in Louisville in May 2015. In Indianapolis, PPYL committee members also grew from four to seven, and more than 100 supporters attended the group’s various events, including a movie screening and a booth at the IndyVolved volunteer showcase event. The goal of both the Louisville and Indianapolis PPYL groups is to engage, educate and motivate young professionals to advocate for and support Planned Parenthood.

In Indiana and Kentucky’s capital cities, our public policy team is also participating in key conversations to advance efforts in line with our mission—infant mortality, HPV education, sex education initiatives and teen pregnancy prevention, just to name a few. As with all our efforts, none of these programs and initiatives could happen without your support. In the coming year, with you beside us offering your abiding support, we will continue to fight the good fight, and to serve our patients in our ever-changing health care landscape.

## MISSION STATEMENT OF PLANNED PARENTHOOD OF INDIANA AND KENTUCKY

Our mission is to serve persons in Indiana and Kentucky—without bias or judgment, without fear, without fail—by providing access to high-quality health care confidentially and compassionately; by reducing unintended pregnancies and sexually transmitted diseases through age-appropriate and accurate sexual health education; and by advocating for freedom of individual choice in all matters of sexual health and reproductive justice.



Planned Parenthood of Indiana and Kentucky

**P.O. BOX 397, INDIANAPOLIS, IN 46206-0397**  
**317.637.4343 / 800.230.PLAN / PPINK.ORG**