Dear Friend,

When I began reviewing this year’s annual report, Roe was the law of the land. Now, as we prepare to finalize and send out a summary of the patients and communities we’ve served, federal protections for abortion access no longer exist. We knew Roe’s days were numbered, but the contempt and anger in the Supreme Court opinion has caused chaos across the four states we serve. There is fear and sadness and a deep sense of loss. But there is also a call to action.

When our rights are taken from us, we fight to get them back.

Now, only weeks after Roe was overruled, PPGP is looking to Kansas as the initial battle in the long fight to restore access to comprehensive care at the local level. Kansas will be the first state in the country with a statewide vote on abortion after Roe’s fall, and we have worked tirelessly this year to do all we can to protect one of the few points of access in our region.

No matter what happens in Kansas, Planned Parenthood Great Plains will continue doing what it has always done: providing health care and trusting our patients to make their own medical decisions. In those areas where we cannot provide abortion care locally, we can remain a source of information and support, and we will proudly continue to offer other types of sexual and reproductive care.

The fact that reproductive freedom is in its most dire state since 1973 does not diminish the progress we’ve achieved in the past year with your support. This report lays out how we will continue to light the way to care that we know is a basic human right. I’ve been here to see our organization become what it is today, previously serving as PPGP’s chief operating officer and general counsel and now president and CEO. PPGP has made remarkable strides in the past year—growing in resilience, in patient access, and increasing community ties throughout our four-state region. The skill and compassion our team shows every day is a point of pride for this affiliate—and for our supporters across the country.

Our seven-person patient navigation team has become part of our new Center for Abortion and Reproductive Equity (CARE), which focuses on innovative ways to provide wrap-around services for our patients in an ever-changing landscape. From scheduling patients for services hours from their homes to making follow-up care as seamless as possible across state lines, this team has innovated and adapted to help patients only because of generous grants and donations that help cover costs of transportation, lodging, and meals for patients in need.

CARE is a high point for our strategic expansion of access to services for BIPOC and rural communities, and people with modest incomes. The number of health centers within our network has grown in the past year, each one intentionally positioned to provide care in underserved communities. We returned to northwestern Arkansas, expanded our capacity in the Oklahoma City and Kansas City, Kansas areas, and are close to opening a new door for services in southwestern Oklahoma.

While we’ve been fundraising and fighting hard to have a presence in these communities, we have also made serious commitments to becoming an organization that genuinely not only reflects the identities of its staff and patients, but also fully appreciates their needs. Our Justice Equity Diversity and Inclusivity (JEDI) Council has guided personal reflection and accountability, both for staff with specialized roles and those who serve at every level of management.

Your support continues to be a beacon of light in dark times, just like the ones we are facing now. I have tremendous hope for a healthy and equitable future across these Great Plains. It will take all of us in solidarity to defy the darkness we face as a nation, and welcome brighter days ahead.

In solidarity,

Emily Wales

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Dear Friends,

It has been my honor to serve as PPGP’s Board Chair at such a pivotal moment for our organization. I entered the role in July 2021. As pandemic restrictions were only beginning to ease, we were launching a search for a permanent successor to the outgoing president and CEO, and Texas’s six-week abortion ban loomed on the horizon. In addition, a newly-minted conservative majority U.S. Supreme Court had just agreed to hear a case with the potential to overturn Roe.

It was an ominous beginning, but thanks to a great team within the organization and wonderful supporters across the four states we serve, I feel uplifted by where we stand today.

After commissioning an extensive search and review process by August Leadership, the hiring committee and Board unanimously agreed to name Emily Wales as permanent president and CEO. Serving in an interim capacity during the past year, she has time and again proven capable of not only responding effectively to the current crisis in reproductive justice, but also finding resourceful and collaborative means of expanding care where it is most needed.

We have proudly opened new health centers in key access points for rural, BIPOC, and economically disadvantaged communities. In addition, we are codifying some of the innovative steps we took to deliver care during the pandemic, and in the wake of TX S.B. 8, in order to be a more holistic, culturally responsive, and equity-driven regional health care system.

Our new Center for Abortion & Reproductive Equity (CARE) will be a hub for our expert team and other organizations working in the reproductive justice space. It will ensure access to critical, time-sensitive care no longer depends on where one lives and how much money one makes. CARE is designed to take a patient-centered approach, and will be staffed with the social workers, patient navigators and community members best positioned to ensure long-term success for our patients.

With your continued support, we will continue to see the coming days through with strength!

Thank you,
Jay

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Board of Directors Roster

<table>
<thead>
<tr>
<th>Rabbi Doug Alpert</th>
<th>Katherine DeBruce</th>
<th>Arin Liberman</th>
<th>Amanda Orcutt</th>
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<tr>
<td>Jay Barth, Chair</td>
<td>Syeachia Dennis, M.D.</td>
<td>Kim Lupo</td>
<td>Jason Parson</td>
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<td>Barbara Bollier, M.D.</td>
<td>Susanna Ginsburg</td>
<td>Alex Marshall</td>
<td>Billy Thomas, M.D.</td>
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<td>Emily Boyd</td>
<td>Joyce Elliott</td>
<td>Ronneal Mathews, Secretary</td>
<td>Julie Wellner</td>
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<td>Chuck Cordray, Treasurer</td>
<td>Elizabeth Herrera</td>
<td>Rev. Sara Milford</td>
<td>Vice Chair</td>
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<td>Rebecca Davis</td>
<td>Ellen Kinnamon</td>
<td>Arnold Nelson</td>
<td>Jim Wohlleib</td>
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Ex-Officios

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<tr>
<th>Ginny Beall, Alumni Council</th>
<th>Curtis Fisher, Immediate Past Chair</th>
<th>Linda Lyon, Alumni Council</th>
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</thead>
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<tr>
<td>Betty Crooker, Alumni Council</td>
<td>Jackie Johnson, Past Board Chair</td>
<td>Margie Sable, Past Board Chair</td>
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Justice Equity Diversity & Inclusion Council

The rights to bodily autonomy and access to expert reproductive and sexual health care have long been central to PPGP’s overarching mission. In the past year, we have made a commitment to digging deep and honestly reflecting on how the organization can best carry out its mission while furthering racial, economic, gender, and sexual equity every step of the way.

Last summer, we welcomed our first-ever Vice President of People, Culture and Equity. While also overseeing PPGP’s public affairs work, Kourtney Vincent-Woodbury swiftly convened the Justice Equity Diversity and Inclusion (JEDI) Council. The JEDI Council’s vision is to nourish an environment where all individuals feel they are treated fairly, respectfully, and are empowered to bring their full, authentic selves to work by:

- **Committing to lifelong (un)learning.** We recognize our own privileges and implicit biases, and continually strive to understand how we can be better and do better by leveraging our social power for justice. We actively encourage this in others and provide support through the ongoing process of gaining self awareness and earning allyship.

- **Advocating for the people.** Given the hierarchical structure of health care and the systemic power imbalances that exist in society at large, we recognize the inherent power differential between staff at varying levels and in different departments. We therefore function as a support for those needing additional advocacy within our organization and society at large.

- **Doing the work.** Our advocacy goes beyond conversations. We work with HR and the board of directors to review policy to ensure it is equitable, propose policy as needed, and assist in enforcing an equitable culture within our organization. We acknowledge that this work is ongoing and must center the needs of those most impacted by systemic imbalances in power.

The JEDI Council coordinates a weekly reading group that employees from across the affiliate and of various ages, races, gender identities, and sexual orientations voluntarily participate in. So far the group has examined:

- *Me and White Supremacy*, by Layla Saad
- *Black Fatigue*, by Mary-Frances Winters
- *Nice White Parents*, a podcast by *New York Times*

Kourtney Vincent-Woodbury
Vice President of People, Culture, & Equity
Education

Sex education has a new champion at PPGP!

We are pleased to introduce Shaashawn Dial, director of education and community relations. Since joining last December, Shaashawn has applied creative problem solving, intrepid research, and a heart for community to increase the vitality of our education and engagement programs. She has not only reimagined important aspects of our educational content, but also structured new ways for all members of the PPGP team and our supporters to increase knowledge across the communities where we live and work.

Reinvesting in Community

Our Pleasure and Protection Kits are a hit! Grant funding has allowed us to keep up with demand across all four of the states we serve, while expanding our offering of resources and information to meet more inclusive needs and wants.

A grant from the Oklahoma City Community Foundation is enabling us to help uninsured and underinsured community members prevent complications from STIs, and reduce exposure to sexual partners through medically accurate, compassionate education and health care including early detection and treatment.

When our right to medically accurate information is under attack, we fight back with Education.

As ever, we continue to work within state guidelines to provide youth with information to the maximum extent we can. As legislative attacks on reproductive health care spread from state-to-state, so do fear and misinformation about what reproductive health services are safe and legal. We are responding by finding new ways to raise awareness among adults, such as offering professional development trainings on consent, sexuality, identity expression, and our whole array of health services.

Shaashawn Dial
Director of Education & Community Relations

“Recently, so much has changed in how people learn and gather, let alone how we think and talk about sex, and sexual health, and reproduction. What hasn’t changed is our aim to reach every person in the PPGP service area with comprehensive, inclusive sex education.”

VOLUNTEER SPOTLIGHT

PPGP volunteers contribute their time from around the country to our affiliate’s efforts. Their valuable impact can be measured through advocacy efforts, such as phone banking, canvassing, or mailing postcards. They also provide much needed support for our health centers through the Patient Escort Program.

JESSICA
AUSTIN, TX
VOLUNTEERED TO SUPPORT THE KS FIGHT

“The constant assault on reproductive health care can often feel so defeating, but when you hop on a phone bank, you’re suddenly surrounded by a community of passionate people who are just as determined to stand up for what is right. I volunteer because it gives me an opportunity to exert positive energy into issues I care so deeply about.”

EMILIO
KANSAS CITY, MO
VOLUNTEERED TO SUPPORT THE KS FIGHT

“I volunteer with PPGP because I want to do my part in supporting reproductive rights. I had the opportunity to choose when I wanted to be a parent, and it disheartens me to see politicians interfering in personal medical decisions. I want to help build a world where people’s right to health care is protected, and everyone has equitable access.”
Juli
Tulsa RHA

“Planned Parenthood has always been very important to me. They’ve helped me in so many ways, and always been very kind when I’ve needed services. So it’s important to me to provide a comfortable space for patients to receive treatment for whatever they may need.”

Sarah
Oklahoma City Reproductive Health Assistant (RHA)

“I tell my patients, your background and personal beliefs up until this moment do not change the fact that I will treat you with compassion and give you the very best care.”

Our Story of Care

The numbers below reflect patient data from July 1, 2020–June 30, 2021

TOTAL VISITS: 45,985
TOTAL PATIENTS: 30,377

PATIENT DEMOGRAPHICS

RACE & ETHNICITY

LATINX 10.3%
BLACK 18.3%
WHITE 53.7%
OTHER 0.3%
PACIFIC ISLANDER 10.8%
UNKNOWN 3.2%
MULTIRACIAL 1.3%
NATIVE AMERICAN 0.1%

AGE

18-19 2.6%
19-24 4.2%
20-24 9.9%
25-29 23.9%
30-34 14.3%
35-39 7.8%
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Care at a Glance

PPGP operates twelve health centers in Arkansas, Kansas, Missouri, and Oklahoma. In addition to birth control, our health centers’ services encompass critical needs, including emergency contraception; wrap-around HIV care and counseling referrals; sexually transmitted infection (STI) education, testing, and treatment; and LGBTQIA+ services, including hormone replacement therapy and post-operative and annual exams for transgender patients.

"To afford my education, I have lived with friends, in basements, shared rooms, and even in my car. During the spring of 2021, my energy was so low I did schoolwork in bed, ate in bed, and could hardly muster the motivation to get up. When my period was late, I learned I was five weeks pregnant. Because of my housing and income insecurity, I could not have afforded the costs of motherhood, especially when paying for my education out of pocket. At Planned Parenthood, I was able to obtain a medical abortion. My family and my partner supported my decision, and it’s allowed me to keep focusing on stability and building a future.”

Jazmin
PPGP patient

29,406
STI Tests
6,796
Medication Abortions
6,294
HIV Tests
1,471
Surgical Abortions
9,082
Pregnancy Tests
6,796
Medication Abortions
2,125
PAP Tests
2,530
Breast Exams
241
HPV Tests

The numbers below reflect patient data from July 1, 2020–June 30, 2021

Contraception
Teen Health
Trans Health
Men’s Health
Telehealth Visits
A Patient’s Journey & Barriers to Care

Accessing health care should be simple.

But politicians in each of the four states under PPGP’s care are waging a full-scale attack.

As we’ve done for decades with abortion access threatened across our affiliate, we will do the same in the face of anti-trans youth, anti-LGBTQIA+, and any opposition to reproductive justice and equity. We will fight back, and we will accompany patients on their journey to care.

We are working hard to offset challenges patients face when navigating the medically unnecessary roadblocks politicians have erected, and the inequities they have failed to address across Arkansas, Kansas, Missouri, and Oklahoma.

On the following pages are scenarios that highlight barriers patients face when seeking essential reproductive and sexual health care in PPGP’s four-state service area.

Not only are these laws cruel and unnecessary for all patients, but they disproportionately affect BIPOC and low income individuals and families, thus legislat ing discrimination into the health care system.

1 Make an appointment
2 Confirm visit and prepare
3 Receive care
4 Aftercare, insurance, and payment
Arkansas

Gender-affirming care, including the use of hormones to delay puberty and to promote development consistent with a child’s gender identity, is recommended for transgender youth as evidence-based patient care.

“Every day, our goal is to make each person who comes through our doors feel welcome, comfortable and respected while providing the best possible care. These things seem like little trivial things but they’re really not. It’s trans competent care.”

Dr. Janet Cathey, PPGP’s Arkansas physician, has provided gender-affirming care for decades.

Arkansas’s governor has signed into law a bill to restrict health care for trans kids. This affects as many as 2,500 trans youth aged 13-17 in Arkansas.

That law has been halted by a court challenge, but in 2021, the Arkansas legislature enacted a ban on gender-affirming care for minors.

In seeing an uptick in protestors following attacks on gender-affirming care for youth by the Arkansas State Legislature, Dr. Janet Cathey observed,

“Oh, so they’re picking on us for the transgender care, too.”

Research shows that gender-affirming care improves mental health and overall well-being for transgender people, including youth.

Dr. Janet Cathey

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Join us in the fight to increase access for essential health care by donating to PPGP

KANSAS

ABORTION IS TIME-SENSITIVE, ESSENTIAL HEALTH CARE. AFTER NEARLY 50 YEARS, ROE’S PROTECTIONS NO LONGER ENSURE THE CONSTITUTIONAL RIGHT TO SAFE, LEGAL ACCESS.

With the falling of Roe, THE STATE-BY-STATE ATTACK ON THE RIGHT TO ABORTION BEGINS IN KANSAS.

The Kansas Supreme Court upheld the constitutional right to abortion in 2019.

After two years of trying, politicians pushed out moderates who voted to protect abortion access and successfully put an amendment on the ballot that would strike protection from the state constitution and open the door to bans.

If Kansans vote to approve the proposed amendment, 560,000 women of reproductive age in the state will lose the right to make their own decisions about their bodies and their future. They will be forced to carry unwanted or dangerous pregnancies, or flee the state for care as has already happened in Texas and Oklahoma.

“As a provider in states that have recently passed abortion bans, I see the dramatic and consequential impact these laws have on people every day. They are forced to cross state lines, at times traveling for hundreds of miles, seeking abortion—it’s remarkable what we’ve normalized in order to get essential health care in this country. I hate to think of voters in Kansans handing politicians the opportunity to follow other states that have pushed forward cruel laws.”

DR. IMAN ALSADEN
Medical Director

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DR. IMAN ALSADEN
Medical Director

KS VOTERS: VOTE NO IN AUGUST

DONATE TO KCF

Donations to Kansans for Constitutional Freedom and Planned Parenthood Great Plains Votes are not tax-deductible as charitable contributions. Aggregate gifts of $50 or greater in support of Kansans for Constitutional Freedom efforts must be reported to the Kansas Governmental Ethics Commission and are subject to public disclosure.
Missouri

The purpose of the federal Medicaid law is to protect every patient’s freedom to choose any willing and qualified provider, including Planned Parenthood, for family planning care.

According to the Missouri Family Health Council, in 2021, Planned Parenthood health centers served 52 percent of all patients who rely on family planning safety net providers in the state. The Medicaid law is clear, and Missouri is in desperate need of providers committed to seeing everyone who needs them.

Governor Mike Parson signed a supplemental budget bill that included language to “defund” Planned Parenthood from participating in Missouri’s Medicaid program.

PPGP has filed suit and remains a Medicaid provider, but the law is intended to bar DSS from reimbursing Planned Parenthood for services covered under MO HealthNet—the State’s Medicaid program—including birth control, cancer screenings, STI testing and treatment, and other non-abortion care.

The law also makes it harder for their constituents to access care, including cervical cancer screenings, mammograms, gender-affirming care, STI testing, and contraceptives.

“Health care must be available regardless of income or insurance coverage.

Many of the patients I see on a daily basis tell me I am the only physician they’ve seen in their lifetime.”

Dr. Elizabeth Brett Daily
Physician

Oklahoma

Creating a healthier Oklahoma means providing access to comprehensive care for all.

As one of few primary care providers specializing in sexual and reproductive healthcare, PPGP is uniquely able to fulfill the community’s health needs in one building and with the same providers.

Improving access to care is at the heart of what we do as a community-based healthcare organization focused on the medically underserved and underrepresented.

We obtained a grant to offer patients a no-cost initial office visit and full panel STI test. This introduced new patients to our health system by removing a significant barrier for that first visit. Almost half of the patients who benefitted were between the ages of 15 and 24, and 36% identified as BIPOC.

Instead of imposing medically unnecessary restrictions, politicians should focus on ensuring no one must forgo or delay essential care.

We are committed to solutions that increase access among groups historically underserved by the health care system.

The Kaiser Family Foundation (KFF) places Oklahoma next-to-last in the nation for insurance coverage of its residents, while the CDC ranks Oklahoma 16th for chlamydia and sixth for gonorrhea infections.

This spring, Oklahoma politicians mandated state funding for Crisis Pregnancy Centers advanced 3 bills to ban abortion.

Threats to abortion access are connected to other limitations on sexual and reproductive healthcare.

Instead of imposing medically unnecessary restrictions, politicians should focus on ensuring no one must forgo or delay essential care.

We are committed to solutions that increase access among groups historically underserved by the health care system.

Help us light the way to care in dark times.

Donations to PPGP support this and other essential health care and educational programming.
In the past year, PPGP has added four new health centers! Our Rogers, Arkansas health center opened in September 2021 marking a return to northwest Arkansas. In Edmond, Oklahoma, we reopened in a permanent location in January 2022, and have seen increasing patient volumes ever since. We are days away from the grand opening of two facilities that represent an expansion into new markets for PPGP: Lawton, Oklahoma, and Kansas City, Kansas.

We strategically chose each location to increase access to essential health care in communities that are home to individuals who face persistent gaps in health care equity.

Lawton, Oklahoma
According to “Power to Decide,” in Comanche County (where Lawton is located), 37% of women aged 13-44 are in need of publicly funded contraceptive services and supplies. Coupled with a high rate of poverty and other equity barriers, a recent study of Comanche County identified an urgent need for community health improvement including sexual health, infant mortality, and mental health.

Edmond Oklahoma
A larger facility than the prior Edmond location, the newly renovated health center positions PPGP to sustain a long-term commitment to offering high-quality care to Oklahomans. Our Edmond patients can count on reproductive health care services including birth control, STI and HIV testing and treatment, gender-affirming care, emergency contraception (morning-after pill), and pregnancy testing and services. The Edmond location is also part of PPGP’s expanded primary care network.

Rogers, Arkansas
A larger and more secure location than the previous Fayetteville center, our Rogers facility is able to meet the growing patient demand in Northwest Arkansas, while addressing the lack of access to comprehensive sexual and reproductive health care within the area. These disparities are evidenced by some of the nation’s highest maternal and infant mortality rates, as well as high adolescent birth rates.

Kansas City, Kansas
PPGP is expanding into the KCK community in a newly renovated building that will offer services including birth control, STI and HIV testing and treatment, gender-affirming care, primary care, emergency contraception (morning-after pill), abortion, and pregnancy testing and services. KCK has long been on PPGP’s radar as an area of need based on a lack of both reproductive and primary care providers and a high rate of teen pregnancy, among other health equity discrepancies.
What Kansans want and what patients across our region need is clear. But to win this vote, we must beat the favorable hand that anti-abortion politicians have dealt themselves. Though polling shows that more Kansans oppose removing abortion protection from the state constitution, lawmakers have put the so-called “Value them Both” anti-abortion amendment on the August 2 primary ballot.

We are not fooled by the obvious attempt to put this vote on a low-turnout ballot when voters likely to oppose the right to abortion access head to the polls—and we are not backing down or stepping aside. **ALTHOUGH ALMOST 50 YEARS OF FEDERAL PROTECTION FOR ABORTION ACCESS IS LITERALLY GONE, WE STILL HAVE A CHANCE TO STOP THE STATE-BY-STATE ASSAULT ON REPRODUCTIVE FREEDOM IN ITS TRACKS, BEFORE IT DARKENS KANSAS.**

For months, we have been letting supporters know that a donation to PPGP Votes or Kansans for Constitutional Freedom may be the most important contribution toward reproductive rights that many of us will make during our lifetime. With Roe no longer providing a backstop for abortion care and the vote in Kansas around the corner, it is incumbent upon every Kansan to show up on August 2 and **VOTE NO!**
Financial Summary

The numbers below reflect patient data from July 1, 2020–June 30, 2021

NET ASSETS
FISCAL YEAR 2021

$22,078,988 + $2,349,055 = $24,428,043

$0 MILLION
FY21 BEGINNING

$25 MILLION
FY21 ENDING

REVENUE

$5,464,717
PRIVATE CONTRIBUTIONS, GRANTS, AND SPECIAL EVENTS

$774,000
CONTRIBUTIONS TO CAPITAL CAMPAIGNS

$1,950,893
OTHER (INVESTMENT INCOME, INTEREST, ETC.)

$1,547,759
GOVERNMENT HEALTH SERVICE REIMBURSEMENTS (MEDICARE & TITLE X)

$11,092,904
NON-GOVERNMENT HEALTH SERVICES REVENUE (PATIENT FEES & INSURANCE)

TOTAL:
$20,830,273

EXPENSES

$16,646,094
PROGRAM SERVICES

$1,477,685
ADMINISTRATIVE

$357,439
FUNDRAISING & DEVELOPMENT

+$2,349,055
$24,428,043

FISCAL YEAR 2021

The numbers below reflect patient data from July 1, 2020–June 30, 2021
Thank you!

Donor Acknowledgments

We owe a debt of gratitude to our incredible network of both institutions and individuals who step up time and again to meet the needs of our patients. Thanks to you, we have added health centers, services, and additional providers. We have offered a host of sexual and reproductive health services to thousands of patients in need, no matter where they call home. This work would be impossible without the generosity of those listed below. Thank you!

* The figures below reflect contributions made from July 1, 2020–June 30, 2021.

* This list of generous patrons does not include the names of those loyal donors who wish to remain anonymous.

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