

IMPACT

2013
ANNUAL
REPORT



Planned Parenthood of Indiana
and Kentucky

A Year of Changing for a Better Future



A lot of you know I like numbers. So you might guess our year-end reporting is a big deal to me.

In the numbers that follow, I see a lot of successes, and a lot of opportunities. That's a good thing. We are always striving to be the best we can be, and we know there's always room for improvement.

After 11-plus years here, I also know that the numbers never tell the whole story. That's probably more true of our fiscal 2013 than of most years.

The revenue and expenses shown on p. 2 are for Planned Parenthood of Indiana, which ended its fiscal year on June 30, 2013, the day before Planned Parenthood of Indiana and Kentucky (PPINK) officially came into existence. For a significant portion of that fiscal year, a whole team of good folk from both sides of the river invested time and talent to make the merger happen.

On Feb. 1, 2013, the Planned Parenthood affiliates in Indiana and Kentucky entered into a management agreement; thus, the business operations of Planned Parenthood of Kentucky moved to Indianapolis. That changed life as we knew it.

Throughout our newly combined organization, we spent the year preparing ourselves for the future. Some of our stories are in the numbers—like the investments we made in technology, patient services and education, which you'll read about in this report. Some of the best stories aren't in the numbers, however.

Like the countless meetings, phone calls and letters to legislators, public health officials and policy makers, not just from our staff, but from our friends and supporters. One of our new efforts this past legislative session was Virtual Lobby Days, when thousands of people in Indiana called or sent messages to their legislators. Yes, one onerous bill—Senate Enrolled Act 371, which was aimed at shutting down non-surgical abortion services at our Lafayette health center—became law in April. The damage could have been worse if not for our collective efforts to educate and to speak out for access to health care.

(The story on SEA 371 isn't over yet. In August, we filed a lawsuit to prevent the most heinous of the law's restrictions from taking effect—stay tuned. In late July, we celebrated victory when the two-year battle over defunding was given a resoundingly favorable ruling for our mission. A new fiscal year, a new court battle.)

The numbers also don't tell you about our dedicated employees, who not only provide high-quality health care and comprehensive education to those most in need, but who also tell our stories, rally our troops, and make our programs work better and more efficiently. I'm constantly amazed by the talent and commitment of our employees.

On behalf of all of them, thank you for your support. You make it possible for us to always be there for our patients, for families, for reproductive justice. We know how very important what we do is, and how vital your support is.

We know our very existence will continue to be threatened by politicians, and we know too many young people aren't getting the messages they need to avoid unintended pregnancy and sexually transmitted disease. Your support is vital.

This past year, our Indiana and Kentucky affiliates shared the celebration of our respective 80th anniversaries. Because of your continued support, we'll be here another 80. Thanks for that.

Betty Cockrum, President and CEO

Technology Upgrades Enhance the Patient Experience in FY 2013

This past year, significant strides were made to improve technology for patients and staff with the implementation of electronic health records (EHR) at our health centers throughout Indiana (and, post-merger, in Kentucky).

For staff, the transition to EHR was a monumental undertaking, but one that is already showing important results. Patient data is now readily accessible to staff in all health centers, enhancing the overall health care experience for patients who transfer health centers. EHR also has streamlined work flow, allowing for more efficient use of resources and staff.

This significant investment was made possible by funds specifically designated by our board of directors, and helped make Planned Parenthood of Indiana an attractive merger partner with Planned Parenthood of Kentucky.

Another significant upgrade was a voice over Internet protocol network that better links health centers and staff within our Planned Parenthood affiliate—an important initiative now that we have locations in two states. Both of these upgrades demonstrate the importance of investing in infrastructure to remain sustainable long into the future, and we thank our donors for recognizing the key role that technology will continue to play in fulfilling our mission.

What's next for the IT department? Plans are underway in FY 2014 to redesign our data center to better support the network and electronic health records system, as well as enhance security to better protect our electronic assets. Several initiatives will also directly improve our patient experience by offering more interactive ways of communicating with health centers.

FISCAL YEAR 2013 EXECUTIVE SUMMARY AND UNAUDITED FINANCIALS

FY 2013 was a year of changes, which showed in our financial statements. We finished the year with a \$54,000, or 0.4 percent, operating margin, which was down from last year by nearly \$300,000. We exceeded our fund-raising goals, thanks to the support of our generous donors, but most other sources of revenue were down.

We continue to make the most of every dollar we receive. Our investments performed well in FY 2013, and we finished the year with our expenses \$141,000 under budget.

Total revenue was \$14.4 million—an increase over FY 2012, but \$461,000 less than budgeted. Although we headed into June ahead of the previous year in patient services revenue, we ended the month, and fiscal year, with a significant decrease, likely due to the large number of health centers that implemented electronic health records that month. In February, we took over management of Planned Parenthood of Kentucky, an additional strain for the last five months of the year.

Patients used nearly \$310,000 from our Women's Health Fund. That was about \$100,000 less than last year, but still much higher than two years ago. Especially when the economy is volatile, we know the Women's Health Fund is an important resource for our lower-income patients, and we are thankful to our donors who recognize the need by supporting this fund.

Although we are disappointed with our overall bottom line in FY 2013, we are looking toward achieving our goal of obtaining a 2 percent or greater operating margin in FY 2014. As we head into the year, we are implementing our patient retention initiatives (see p. 3) and have asked the Planned Parenthood Federation of America "Move the Dot" team to review our health center, finance, human resources and information technology operations to help identify improvements that will positively affect our operating margin and overall sustainability.

PATIENT STATISTICS FY 2013³

INDIANA: Unduplicated patients served: 67,916 • Total Visits: 185,549 | **KENTUCKY:** Unduplicated patients served: 5,412

DEMOGRAPHICS	IN	KY
Number of males:	6,479	302
Number of females:	61,437	5,110
Ages 17 and under:	6,169	420
Ages 18-19:	7,645	530
Ages 20-24:	21,120	1,676
Ages 25-29:	14,700	1,326
Ages 30-34:	8,640	724
Ages 35 and over:	9,642	736

POVERTY STATUS ¹	IN	KY
Patients at or below poverty:	46%	n/a ³
Patients at or below 150% poverty:	80%	n/a ³

RACE/ETHNIC ORIGIN	IN ²	KY ³
White:	74%	49.9%
Hispanic:	7.2%	4.2%
Black:	18.5%	25.1%
Other:	7%	6.9%
Unknown/did not respond:	0.5%	13.9%

EDUCATION STATISTICS FY 2013⁴

	IN	KY
Participants in education & training services:	8,529	2,756
Education and training session hours:	1,375	365
Ask Me (IN) and Text Line (KY) inquiries:	482	326

OPERATING REVENUE	DOLLARS	PERCENT
Contributions and Grants	\$2,488,537	17%
Government Contracts & Grants	\$1,747,526	12%
Patient Services Revenue	\$9,603,373	67%
Miscellaneous Income	\$557,863	4%
TOTAL OPERATING REVENUE	\$14,397,299	100%

OPERATING EXPENSES	DOLLARS	PERCENT
Patient Services	\$11,075,404	77%
Education	\$507,777	4%
Management and General	\$1,606,151	11%
Public Policy	\$247,160	2%
Development	\$561,731	4%
Marketing	\$344,924	2%
TOTAL OPERATING EXPENSES	\$14,343,147	100%
NET OPERATING REVENUE	\$54,152	0.4%

NON-OPERATING INCOME (EXPENSES)*		
Non-Operating Income	\$72,229	
Non-Operating Expense	(\$424,526)	
TOTAL NON-OPERATING INC (EXP)	(\$352,297)	
TOTAL REVENUE	(\$298,145)	-2.1%

*Includes depreciation and unrealized gains (losses); excludes previously released assets

PROCEDURES PROVIDED	IN	KY
Pap tests:	7,124	1,853
Colposcopies:	354	77
Cryotherapies:	18	0
LEEPs:	32	0
Abortions:	4,571	0
Chlamydia tests:	24,555	2,659
Gonorrhea tests:	24,530	2,658
HIV tests:	7,156	1,339
Pregnancy tests:	15,665	3,286
Gardasil/HPV vaccine:	428	122

CONTRACEPTIVES DISTRIBUTED	IN	KY
Oral Contraceptives:	187,179	5,803
Condoms/Spermicides:	59,570	n/a
Emergency Contraception (EC):	8,307	430
Other Contraceptives:	29,993	2,457

¹ The federal government defines poverty as an annual income of \$11,490 for one person or \$23,550 for a family of four.

² Numbers may total more than 100 percent because both race and ethnicity are included.

³ Because of differences in affiliate reporting and fiscal year, comparable numbers for Indiana and Kentucky are not available in some cases. All numbers shown are for the period 7/1/2012 to 6/30/2013.

⁴ For FY 2013, the number of education participants was counted differently than in previous years to more accurately reflect meaningful interactions with participants. Participant numbers therefore appear lower than in past years, even though the number of hours has increased.

PATIENT EXPERIENCE PROJECT: STRENGTHENING OUR RELATIONSHIPS WITH PATIENTS

One of the promises of the Affordable Care Act is that more people than ever will be covered by either Medicaid or private insurance. While that promise is great news for Planned Parenthood patients—more than half of whom traditionally have no health insurance—it also means our patients will have more options of how and where they receive health care.

To continue to be the health care provider of choice for our patients, Planned Parenthood of Indiana and Kentucky (PPINK) last year embarked on the patient experience project, a wide-ranging series of initiatives designed to engage and retain patients for the long-term.

PPINK is partnering with a national consulting firm that specializes in helping health care and non-profit organizations position themselves for strategic growth and sustainability. In late FY 2012 and early FY 2013, the consulting firm completed an initial assessment, including external focus groups, an all-staff survey, on-site drop-in surveys of six health centers, and individual interviews with key stakeholders.

Based on this thorough assessment and analysis, an administrative core team made up of PPINK leaders began establishing priorities for specific initiatives to improve our relationships with patients. The individual initiatives are developed and implemented by a patient retention team made up of PPINK employees representing health center staff, quality assurance, information technology, human resources, marketing and communications, and education.

Among the first patient experience initiatives are a new, streamlined discharge packet for all patients (photo, right); selection of an appointment reminder system vendor; and creation of a patient satisfaction survey.

What's next for the patient experience project? Look for PPINK health centers to begin using automated appointment reminders that will deliver messages to patients via phone, email or text message. Nearly half of the 28 health center lobbies will be remodeled with new branding and communication tools, with the remaining lobbies to follow in FY 2015. And patients will have the opportunity to provide real-time feedback at health centers about the services they receive, allowing staff to react quickly to their recommendations.

Although individually the initiatives may seem small, the project as a whole will create a new look, feel and experience for PPINK patients. We aim to send our patients a clear message: We want to be your health care provider of choice long into the future, no matter what.



EDUCATION DEPARTMENT MAKES INROADS WITH AT-RISK YOUTH

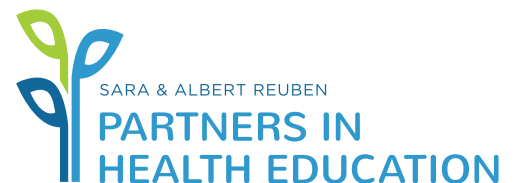
Through the Sara and Albert Reuben Partners in Health Education (SARPHE) initiative, our educators are deployed throughout Indiana to deliver a variety of medically accurate, comprehensive sexuality and reproductive health programs.

FY 2013 was an important year for SARPHE, which completed the first year of a partnership led by Health Care Education and Training (HCET), a non-profit operating in Indiana and Wisconsin. HCET leads the Indiana Proud and Connected Teens (IN-PACT) project, which is funded by a three-year federal Personal Responsibility Education Program grant.* HCET selected SARPHE to be a key IN-PACT partner, meaning SARPHE will receive \$415,000 in funding over the three-year grant period to conduct educational programs in Indiana's juvenile correction facilities and to other young people in Indiana.

In three facilities—Madison, Pendleton and Logansport—PPINK educators in FY 2013 reached 105 young men and women through Wyman's Teen Outreach Program, exceeding program goals. This program, aimed at 14- to 17-year-olds, is an evidence-based best practices initiative with a track record of reducing teen pregnancy and school suspension. In the program sessions, participants address issues such as healthy communications, gender roles, decision-making skills, and health and sexuality. In FY 2014, SARPHE will expand this programming to Camp Summit Boot Camp in LaPorte, Ind.

SARPHE educators also implement the Be Proud! Be Responsible (BPBR) curriculum that provides young people with strategies to reduce their risk for HIV/AIDS. Through BPBR, approximately 200 adolescents ages 12-14 in Indianapolis-area public schools learned about pregnancy prevention, intimate partner violence and life skills. In FY 2014, SARPHE will begin offering this curriculum in Fort Wayne.

PPINK is looking forward to leveraging the successes of both these programs to broaden our education offerings throughout Indiana and Kentucky.



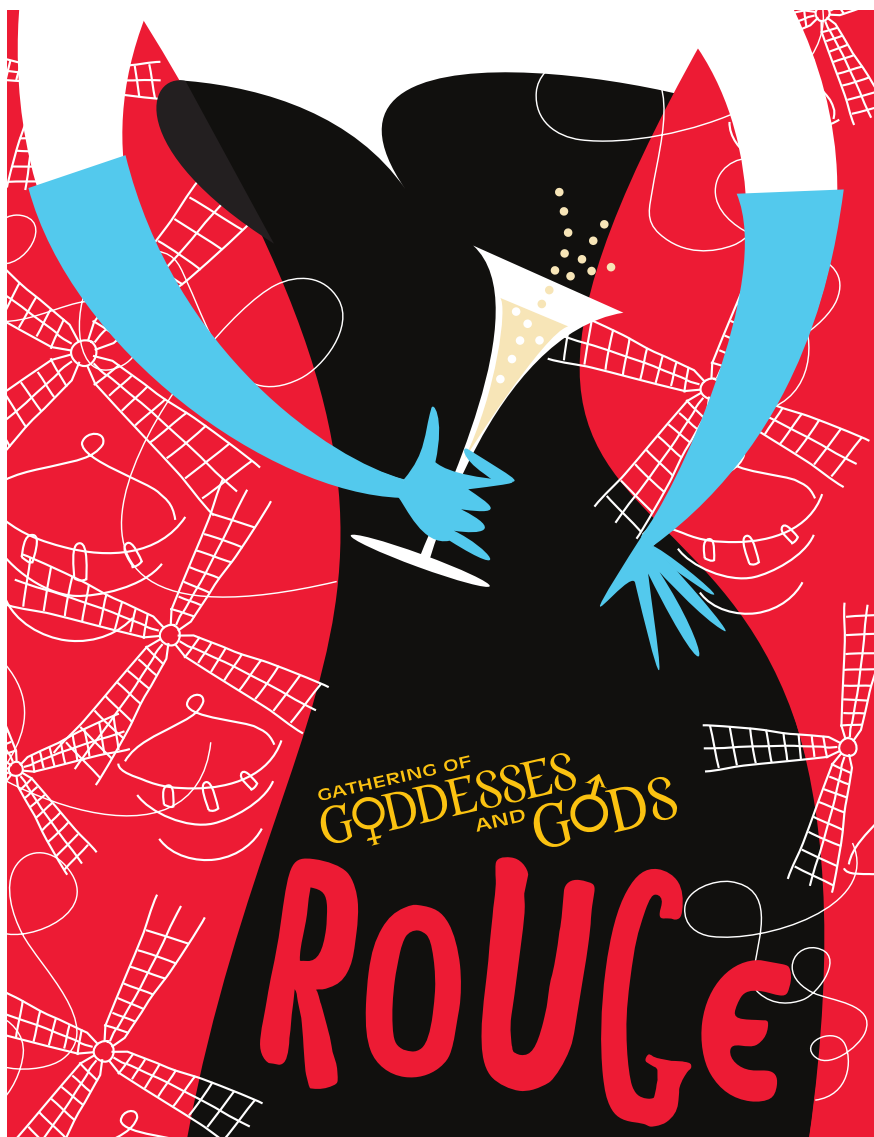
*Support for this project is provided by Health Care Education and Training, Inc. (HCET) through the Personal Responsibility Education Program (PREP) Competitive Grants under the Affordable Care Act (ACA) HHS-2012-ACFACYF-AK-028



More than 15,000 people are now part of our online communities. Are you one of them? Visit www.ppink.org to connect with us on Facebook, Twitter or via one of our blogs!

Planned Parenthood of Indiana
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