Feb. 4 marked something very important and exciting for all who fought, and fight, on behalf of reproductive rights—Planned Parenthood of Indiana’s 75th anniversary! For three-quarters of a century, PPIN has been fighting the good fight here in the Heartland. Seventy-five years of protecting, providing and promoting reproductive health. Seventy-five years of advocating on behalf of a woman’s right to control her own body, to choose—in the words of Margaret Sanger—whether and when she will be a mother.

PPIN’s 75 years of success didn’t happen by accident. It happened because legions of good people gave their time, energy and financial resources to make it happen. We fight every day to raise awareness, to provide affordable health services, to educate and to advocate for the reproductive freedom of Hoosier women, men and families.

In the past year alone, at our 35 health centers across Indiana, we:

- Had nearly 300,000 patient visits—mostly young, low-income women;
- Dispensed nearly 500,000 units of contraceptives—no organization does more than PPIN to reduce the abortion rate in Indiana;
- Provided nearly 1,000 Pap tests a week to screen for cervical cancer; and
- Performed more than 93,000 tests to identify STDs and treated them before they resulted in tragedy.

The fact is, we are the only provider of health care for many of the women and men who use our services, 75 percent of whom are living at or below 150 percent of the poverty level.

Our $7 million Tapestry of Strength Capital and Endowment Campaign—which is nearly complete—is a critical building block in the bridge to PPIN’s future. The long-overdue relocations, renovations and upgrades of many of our health care facilities around the state, and the creation of a $2 million endowment fund, will ensure continued access and high-quality medical care and education services for the tens of thousands of women and men we serve each year. Helping us to achieve these goals is a $750,000 challenge grant from The Kresge Foundation’s Capital Challenge Grant program. It is the largest grant ever received by PPIN; however, we must meet our $7 million Tapestry goal by the end of 2007 to receive the funds. We are well on our way—thanks for that!

This past year, PPIN helped roll out a new website for Get Real, Indiana!, a coalition of 39 Hoosier organizations that supports medically accurate, age-appropriate sexuality education for Indiana students. The site, www.GetRealIndiana.org, includes statistics on contraceptives and STDs, up-to-date information on state requirements for sexuality education and links to other valuable resources. Individuals may also sign a petition calling for comprehensive sex education for all Indiana students. In March, the project was...
honored with an Affiliate Excellence Award for Clinical and Social Research at the Planned Parenthood Federation of America Annual Conference in Los Angeles.

At the Statehouse, we continued to fight for legislation that strengthens access to reproductive health and freedom, and to oppose legislation that weakens it. We’re happy to report that no legislation adversely impacting reproductive rights passed in 2007. This year, we again focus on our proactive strategy. PPIN is identifying legislators willing to back Prevention First legislation, which will dramatically improve reproductive rights in this state, as well as support age-appropriate, science-based sexuality education for Hoosier students. It’s about time!

In response to Indiana’s rapidly growing Latino population, we introduced our La Promesa program, which provides Spanish-speaking services in Avon and at each of our six Indianapolis health centers. Research has shown that nearly 20 percent of Spanish speakers don’t seek medical treatment because of language barriers. We are happy to have stepped up to meet the challenge of better serving this underserved population.

In November 2006, the Indiana Court of Appeals declared victory for PPIN in our lawsuit against the Indiana attorney general (filed in March 2005). The lawsuit was necessary to protect the privacy of our patients’ medical records. Justice prevailed—the doctor-patient relationship remains sacred here in Indiana. We thank the ACLU of Indiana for partnering with us and sharing their extraordinary attorney, Ken Falk. We also thank staff, board, donors and supporters for their courage in supporting PPIN and defending patient privacy.

It’s been another good, challenging and rewarding year in the reproductive health care trenches. Last November, we successfully completed our first adoption placement through our on-site counseling partnership with the Independent Adoption Center.

So, with this year, we have looked forward and will begin our new 5-year strategic plan that will set the stage for a new and even more progressive PPIN. This plan will take us through 2012 with even more brilliance, strength and courage.

We are fortunate to have a dedicated and loyal activist and donor base. It is you—our supporters—who make our work possible. We are grateful for your continued support. Thank you.

Betty Cockrum
President and CEO
Planned Parenthood of Indiana
Choices and Knowledge for Healthier Families

Choices. Knowledge. Together they empower Hoosiers to make decisions that move their lives forward in positive directions. Choices and knowledge are what PPIN is all about. The agency serves diverse communities by providing comprehensive, medically accurate, sexuality education and other outreach efforts to individuals and groups throughout Indiana. By providing the knowledge needed to effectively weigh reproductive health options and protecting the freedom to choose among them, PPIN is helping to build stronger, healthier families.
Helping Parents Connect with Kids

Talking about sex with their children can be a daunting task for parents, but parents are the best resources for helping shape their children’s attitudes about sexuality. That’s why PPIN produces There’s No Place Like Home…for Sexuality Education, a free newsletter for families. It includes insights on a variety of sexuality-related topics—such as information on the new HPV vaccine and guidance on developing healthy relationships—as well as tips and resources to help promote family communication. The newsletter, which is available online or via e-mail, is available in English and Spanish.

“Many people of faith support comprehensive sexuality education. Young people need abstinence education, and they need facts about contraception and reproductive health in order to make responsible decisions. By giving teens the tools they need to prevent unintended pregnancies and STDs, Indiana schools will be helping them to become responsible, healthy, whole persons.”

— Kaye McSpadden, president, Indiana Religious Coalition for Reproductive Choice
Teen to Teen Communication

PPIN’s peer education program provides young people the opportunity to develop valuable skills in leadership, public speaking and community outreach. Peer educators serve as a resource for others in their communities, answering questions about puberty, reproductive health, STDs and other sexuality and sexual health concerns.

To participate, peer educators must attend a 25-hour training program where they are provided with factual, medically accurate information about sexuality, STDs and HIV/AIDS. Peer educators are then equipped with the knowledge to answer questions about sexuality and other important teen issues through a combination of informal conversations and group presentations.

PPIN trained 74 peer educators last year and peer education groups were active in Bloomington, Indianapolis, Merrillville, Muncie and South Bend. Peer educators made more than 7,000 contacts with peers and adults through one-on-one encounters, group education sessions and health fairs.
Educating the Educators

Participation in a Sexual Attitude Re-assessment (SAR) workshop is an essential aspect of professional development for anyone working in the field of sexuality. In fact, it is required for professional certification as a sexuality educator, counselor or therapist.

PPIN has stepped up to address a national need for a more in-depth SAR. After the success of the 2006 inaugural SAR, this year’s program was an even bigger success with improved recruitment, website design, quality of support materials and retreat elements, increased participation and more. Participants hailed from seven states, including staff from five different Planned Parenthood affiliates.

“What I love most about being a peer educator is that I get to help people and hopefully make a difference in others’ lives.”

— Janean, PPIN peer educator

In FY 07, the Get Real, Indiana! coalition grew from 27 to 39 member organizations.

Get Real, Indiana! members

Action Center/Marion County Health Department; American Association of Sexuality Educators, Counselors, & Therapists; American Association of University Women/Evansville chapter; American Association of University Women/Muncie chapter; American Association of University Women/Valparaiso chapter; American Civil Liberties Union of Indiana; Congregation Beth-El Zedeck; Damien Center; Demia; Feminist Majority Leadership Alliance/ISU chapter; Fort Wayne Feminists; Fort Wayne Women’s Bureau; Health Access & Privacy Alliance; Healthy Indiana Youth Alliance; Heartland Clinic; Human & Civil Rights Committee of the Indiana State Teachers Association; Indiana Family Health Council, Inc.; Indiana NOW; Indiana Religious Coalition for Reproductive Choice; IU GLBT Student Support Services; IU Women’s Student Association; Indiana American Association of University Women; Indiana Youth Group; Indianapolis Hebrew Congregation; Interfaith Forum/ Columbus; Jewish Community Relations Council; League of Women Voters of Indiana; Muncie/Delaware County League of Women Voters; Muncie/Delaware County NOW; National Association of Social Workers/Indiana chapter; PFLAG/Muncie chapter; Planned Parenthood Advocates of Indiana; Planned Parenthood of Indiana; Purdue Council on Adolescent Pregnancy; Sexual Health Research Working Group/Indiana University; STEP-UP; Unitarian Universalist Congregation of Fort Wayne; VOX/Purdue University chapter; and Women Studies Organization/IU East.

www.ppin.org
Support for Teen Mothers

PPIN is committed to providing young women with the tools needed to make well-informed decisions regarding motherhood. Research has shown that many teen mothers have a second child before the age of 20. Teenagers who have more than one child are less likely to obtain a high school diploma. They are also more likely to live in poverty and need public assistance than those who have only one child during adolescence.

In 2006, PPIN launched a Teen Success program in Evansville. This year, the program was relocated to Indianapolis. Young mothers meet in a weekly support group setting to facilitate personal development and improve parenting skills. Participants take part in discussions and activities that are centered around the goals of maintaining family size, pursuing education, and developing future goals and plans for themselves and their child/children.

"With the Teen Success program we are focused on providing support in an engaging, empowering fashion."

— Leslie Montgomery, PPIN director of programs

Information for Teens, by Teens

Christina Clark, PPIN distance learning coordinator, has led the charge in unveiling Real Teens Real Life, a teen-focused educational website (www.rtrl.org) designed to speak to teens in their own language. The site provides an excellent opportunity for teens to seek information, and for peer educators to meet and network with each other.

“We live in a world where people are incorporating technology and the Internet into their daily lives like never before,” said Clark. “Teens commonly use the Internet to research sexual health topics and that need. The website uses a ‘for teens, by teens’ perspective and provides sexuality education, resources and information in a teen-friendly format.”

A task force of peer educators from around Indiana worked with PPIN staff and a web design team to determine the content and design of the site.

Real Teens Real Life is the first PPIN website to offer content designed by and for peer educators. The site is designed to be useful to peer educators and other teens seeking information on sexuality issues, PPIN, and the peer educator program. It has been an immediate success, reaching more than 36,000 individuals last year.

Clark also provides sexuality education to teens, parents and professionals, and is the author of peer-reviewed articles on topics such as sexuality communication, knowledge and attitudes, masturbation, and sexual coercion. Prior to doing doctoral work on human sexuality at New York University, Clark earned her Master’s degree in psychology from Ball State University. She is currently a student at Indiana University School of Law/Indianapolis, focusing on reproductive health care issues and civil liberties. Clark won the national 2007 Student Poster Presentation award in acknowledgment of outstanding student research in the area of sexuality from the American Association of Sexuality Educators, Counselors and Therapists.
As an organization, everything PPIN does is designed to allow continued education and quality, affordable reproductive health care services in a dignified setting. PPIN advocates at the Statehouse in order to maintain a political environment that allows the agency to offer services and information to the women, men and families of Indiana. PPIN will continue to fundraise so Hoosiers are provided with well-trained medical professionals, educators and advocates.

In with the New

Last year, PPIN successfully relocated the Indianapolis abortion facility to a beautiful new, PPIN-owned site at 86th and Georgetown. The facility, along with the Merrillville and Bloomington sites, also successfully completed a new state-mandated abortion licensing process. This year, three more health centers were relocated to new facilities and the central warehouse was moved to the historic Stutz Business Center in Indianapolis.

The new Midtown (Indianapolis) health center opened its doors in May at 3750 N. Meridian. The new facility offers a location convenient to public transportation, a secure entrance and a warm décor. The building is also owned by PPIN supporter, Arthur Lorber, M.D., whose wife, Suzanne Lorber, is a former board member. The central warehouse also moved this spring, to the Stutz facility, which has a rich and interesting Hoosier history—it was where the famous Stutz Bearcat, which raced in the first Indianapolis 500, was built. Today, the Stutz Business Center is filled with over 150 artists, architects, attorneys, advertising firms, engineering companies and other small businesses.

In November, PPIN’s Portage and Valparaiso health centers merged at a newly renovated location in Valparaiso. The new facility is located in a two-story building with other professional offices and is easily accessible from SR 49 or SR 30. The location is bigger, has more parking and provides greater privacy for patients. That same month, the South Bend and Mishawaka health centers migrated to a new home in Mishawaka. The new facility, located on a main street through Mishawaka, is better situated to serve all of St. Joseph county.
**Tapestry Campaign Receives a Record Contribution**

The countdown is on. PPIN received a $750,000 challenge grant from The Kresge Foundation—the largest single grant in PPIN history. In order to receive this crucial grant, PPIN must raise $7 million by Dec. 31, 2007.

The Kresge Foundation is an independent, private foundation. Through its grantmaking programs, The Kresge Foundation seeks to strengthen nonprofit organizations by encouraging their growth, creating stronger ties to their stakeholders and challenging greater support through grants.

The Tapestry campaign will raise $5 million for improvements to PPIN health centers statewide and increase PPIN’s operating endowment by another $2 million to ensure continued financial stability and access to affordable educational and medical programming for generations to come.

The plan is ambitious, but critical to PPIN’s future. In 2003, a statewide facilities assessment was completed and it became evident that PPIN’s health centers needed tending. Thus, a plan was developed to locate health centers in three new regions, relocate seven health centers and renovate nine others. Enhancing the endowment fund will create additional capacity to do what PPIN does best: provide quality patient care to those who need it most and offer quality sexuality education programs across the state.

**Goddesses Continues to Grow**

The fourth annual Gathering of Goddesses, the most successful event to date, was held April 21 at the Westin Hotel in Indianapolis. More than 600 guests turned out, helping PPIN raise nearly $90,000 to support the Women’s Health Fund. This year, half of the proceeds were dedicated to providing women and girls in need with the HPV vaccine to prevent cervical cancer.

PPIN was pleased to welcome WRTV-6 medical reporter Stacia Matthews as the event emcee.

**In FY 07, 75 percent** of PPIN patients were living at or below 150 percent of the federal poverty level.
On Feb. 4, 1932, a group of women and men, drawn from varied religious, economic, ethnic and professional backgrounds, met at the 14-story, Flatiron-style Lincoln Hotel at the intersection of Washington St. and Kentucky Ave. in the downtown Indianapolis business district to form an organization that would provide reproductive health services to the citizens of Indiana. From the beginning, they envisioned a statewide organization. At that first meeting, the Indiana Birth Control League came into being—75 years later PPIN has grown into Indiana’s leading reproductive health care provider, educator and advocate.

In the beginning, the agency could not give advice to unmarried women. Federal Comstock Laws, which were lifted in 1936, prohibited the publication and distribution of information about contraception and human reproduction. Federal funding for family planning didn’t become available until 1942 and, until 1960, there was no such thing as “the pill” or an IUD. And, of course, in 1973, the U.S. Supreme Court, in the landmark Roe v. Wade decision, finally recognized a woman’s right to choose, legalizing abortion in all 50 states.

Today, PPIN is a united affiliate with 35 health centers throughout the state, providing Hoosiers with medical services, educational programs and advocacy.

PPIN’s mission is as relevant today as it has ever been: to protect, provide and promote reproductive health. With a focus on enabling women and men to make lifelong responsible and informed choices, PPIN is committed to providing honest, accurate information to parents, teens and professionals so Hoosiers are equipped to make the right choices—further allowing them to enjoy safe and healthy lives, make responsible choices about parenting, and not suffer tragedy from breast and cervical cancers, and STDs.

PPIN administers nearly 1,000 life-saving Pap tests each week.

“[PPIN] staff is very **caring** and **professional**, yet very down to earth. [They] **make me feel comfortable every time**. I’ve been coming to Planned Parenthood for years and always feel cared for.”

— Client Testimonial
Meeting Challenges, Creating Efficiencies

Effective Jan. 1, PPIN—as well as many other social services providers—was no longer recognized as a “safety net provider,” making the agency ineligible for reduced-cost pharmaceuticals.

Through operating efficiencies, expenses were managed and the agency was able to offset the increased cost of medical supplies that occurred from these new federal mandates. PPIN staff reviewed all expenses, trimming costs to improve the agency’s bottom line, while ensuring continued high-quality care, educational programming and advocacy.

**Planned Parenthood of Indiana Patient Statistics**

**FY 07**

**Procedures Provided**

- Unduplicated Patients Served: 97,897*
- Total Visits: 296,869

<table>
<thead>
<tr>
<th>Procedures Provided</th>
<th>FY 07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pap Tests</td>
<td>50,128</td>
</tr>
<tr>
<td>Number of Severely Abnormal Paps</td>
<td>5,415</td>
</tr>
<tr>
<td>Chlamydia Tests</td>
<td>41,469</td>
</tr>
<tr>
<td>Number of Positive Tests</td>
<td>2,944</td>
</tr>
<tr>
<td>Gonorrhea Tests</td>
<td>41,659</td>
</tr>
<tr>
<td>Number of Positive Tests</td>
<td>680</td>
</tr>
<tr>
<td>Colposcopy</td>
<td>600</td>
</tr>
<tr>
<td>Cryotherapy</td>
<td>62</td>
</tr>
<tr>
<td>LEEPs</td>
<td>83</td>
</tr>
<tr>
<td>Surgical Abortions</td>
<td>3,923</td>
</tr>
<tr>
<td>Medication Abortions</td>
<td>1,237</td>
</tr>
<tr>
<td>HIV Tests</td>
<td>7,191</td>
</tr>
<tr>
<td>Pregnancy Tests</td>
<td>22,785</td>
</tr>
</tbody>
</table>

**Visit Type**

- Initial Exams: 17,441
- Annual Exams: 30,849
- HOPE Program: 7,071
- Courtesy Transfers: 894

**Contraceptives Distributed**

- Oral Contraception: 331,513
- Emergency Contraception: 24,487
- Depo-Provera Injections: 17,943
- Implanon: 24
- IUDs: 200
- Ortho Evra: 8,874
- Nuva Ring: 20,712
- Diaphragms/Cervical Caps: 60
- Spermicides: 778
- Condoms: 75,199

**Poverty Status**

- Patients at or Below Poverty: 62%
- Patients at or Below 150% Poverty: 75%

**Demographics**

- Number of Females: 93,533
- Number of Males: 4,364
- Ages 17 and Under: 11,308
- Ages 18-19: 13,993
- Ages 20-24: 35,228
- Ages 25-29: 18,567
- Ages 30-34: 8,651
- Ages 35 and Over: 10,150
- Median Age: 23

**Ethnic Origin**

- Hispanic: 5%

**Race**

- White: 81%
- Black: 15%
- Other: 4%

*In previous fiscal years, women receiving emergency contraception (EC) as a single service were counted as unduplicated patients. Because EC is now available as a non-prescription item to many women, PPIN no longer registers those women and they are not counted as patients. This accounts for about 5,000 individuals per year.

**The federal government defines poverty as an annual income of $10,210 for one person or $20,650 for a family of four.**
<table>
<thead>
<tr>
<th>FY 07 Unaudited Financials</th>
<th>Dollars</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Fees, Vouchers &amp; Donations</td>
<td>11,850,680</td>
<td>71.3%</td>
</tr>
<tr>
<td>Government Contracts &amp; Grants</td>
<td>3,002,111</td>
<td>18.1%</td>
</tr>
<tr>
<td>Contributions &amp; Grants</td>
<td>966,148</td>
<td>5.8%</td>
</tr>
<tr>
<td>In-kind, Investment &amp; Misc. Income</td>
<td>772,204</td>
<td>4.6%</td>
</tr>
<tr>
<td>Education Program Revenue</td>
<td>28,788</td>
<td>0.2%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>16,619,931</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Services</td>
<td>13,293,476</td>
<td>79.9%</td>
</tr>
<tr>
<td>Education &amp; Training</td>
<td>754,570</td>
<td>4.5%</td>
</tr>
<tr>
<td>Public Affairs Advocacy</td>
<td>253,225</td>
<td>1.5%</td>
</tr>
<tr>
<td><strong>Total Programmatic Expenses</strong></td>
<td>14,301,271</td>
<td>85.9%</td>
</tr>
<tr>
<td>Management &amp; General</td>
<td>1,280,497</td>
<td>7.7%</td>
</tr>
<tr>
<td>Development</td>
<td>623,008</td>
<td>3.7%</td>
</tr>
<tr>
<td>Public Affairs Marketing</td>
<td>442,188</td>
<td>2.7%</td>
</tr>
<tr>
<td><strong>Total Non-programmatic Expenses</strong></td>
<td>2,345,693</td>
<td>14.1%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>16,646,964</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Decrease in Net Assets</strong></td>
<td>-27,033</td>
<td></td>
</tr>
</tbody>
</table>
On Nov. 30, 2006, PPIN learned it had won the lawsuit filed against the Indiana attorney general in a fight to protect the privacy of our patients. PPIN’s lawsuit, originally filed in March 2005, charged abuse of power and violation of constitutional rights by agents of the Indiana attorney general and sought a permanent injunction to protect patients from invasion into their confidential medical records.

On March 6, 2006, an agent of the Medicaid Fraud Control Unit (MFCU) of the Office of the Indiana attorney general attempted to seize confidential medical records from three PPIN health centers to determine if PPIN was following abuse reporting laws. Initially, very limited information from eight files was turned over to the agent in a good faith effort to comply with the
MFCU’s request. Their subsequent demand for an additional 73 medical records from 19 health centers caused PPIN to immediately file suit to protect the sanctity of the doctor-patient relationship in Indiana.

“For our clients, trust is the cornerstone in choosing Planned Parenthood as their provider of vital health services. As guardians of patient privacy, we will continue to protect our clients’ confidential medical records.”

— Betty Cockrum, PPIN president and CEO

The Indiana Court of Appeals ruled in PPIN’s favor, stating that our patients have a constitutional right to privacy with respect to medical records, and outlined procedures to safeguard patient privacy in the future. In its opinion, the court sent a clear message that the doctor-patient relationship is sacred and the attorney general’s office overstepped its authority with its attempted invasion of patient privacy rights.

The ruling also stated that granting unlimited access is “neither the only, nor the most effective, nor the least intrusive means” of investigating alleged cases of abuse. In a concurring statement, Judge Michael P. Barnes wrote “Further, there is not a whit, not an iota, and not a scintilla of evidence in the record that [PPIN] has failed to report suspected abuse.”

In light of the Appellate Court decision, the attorney general agreed to drop the demand for medical records rather than pursue further court review. As PPIN contended from the beginning, it remains committed to serving as a frontline defender against child abuse and neglect. PPIN staff are trained to comply with the law, and the agency places great importance on following state reporting standards in cases of suspected abuse or neglect, and will continue to ensure accurate reporting.

“These people are fighting the good fight—protecting the rights and health of men and women and children across the nation.”

— Client Testimonial
EC Makes Over-the-Counter Debut

Following an FDA decision to make emergency contraception (EC) available without prescription, PPIN now offers over-the-counter EC at most of its 35 health centers. All health centers dispense either the over-the-counter product or prescription EC for immediate purchase.

The product is essentially a concentrated dose of the same hormones found in birth control pills and can be taken up to five days after unprotected intercourse. While EC has previously been available by prescription, the public has been somewhat confused about what the product is and how it works.

EC does not terminate a pregnancy; it prevents a pregnancy from occurring. It does not interfere with an established pregnancy and is designed to function as a back-up for women to use in the event of a contraceptive problem.

HIV Testing

PPIN tested more than 7,000 individuals for HIV last year, a 21 percent increase over the previous year. Grants from the Indiana AIDS Fund, the Indiana State Department of Health and the Family Health Council, Inc. helped increase the number of people served. PPIN also paired with the Marion County Health Department and 15 other Indianapolis-area public health providers to offer free HIV testing in conjunction with National Get Tested Day on June 27.
Adoption Counseling

PPIN has partnered with the Independent Adoption Center (IAC) to offer on-site adoption counseling at both the Bloomington and Georgetown at 86th (Indianapolis) health centers.

The presence of IAC counselors on-site makes it more convenient for patients who are interested in receiving adoption information. PPIN is committed to offering every opportunity for women to have access to the information they need to make informed decisions about their options.

The collaboration celebrated its first adoption in November.

La Promesa

The Latino population in Indiana has grown nearly 250 percent in the past decade. Unfortunately, Latina women are less likely to receive preventive services such as screenings for cervical and breast cancers, and STDs. Latinas also have the highest teen pregnancy rates in the United States.

In order to reach out to this underserved population, PPIN provides Spanish-speaking services in Avon and at each of its six Indianapolis health centers through the new La Promesa program.

“Language should never be a barrier to obtaining health care services ...”
— Lindsay Ferguson, PPIN bilingual center assistant

“Language should never be a barrier to obtaining health care services,” said Lindsay Ferguson, PPIN bilingual center assistant. “We are doing whatever we can to reach out to the Latino community, to let them know we are here for them, and that we can be an important part of their total health care picture. Bridging the language gap is an important part of that effort. We want all of our patients to feel comfortable and welcome in our health centers.”

Supported by grants from the Nina Mason Pulliam Charitable Trust and the Efroymson Fund, a donor-advised fund of Central Indiana Community Foundation (CICF), La Promesa will allow PPIN to build a solid foundation from which necessary reproductive health services can be provided to the growing Latino community in and around Indianapolis.
HPV Vaccine

Worldwide, cervical cancer is the second leading cause of cancer deaths among women. Each year approximately 10,000 cases of cervical cancer are diagnosed in the United States and 4,000 women die from the disease.

When Gardasil, the first vaccine to help protect against cervical cancer, was introduced last year, it was one of the most exciting advancements in women’s health care since the arrival of the Pap test. Currently, PPIN offers the vaccine at the Bloomington, Castleton (Indianapolis) and Lafayette health centers.

Administration of the vaccine is a high priority for PPIN, and, thanks to advocates at the Statehouse, Indiana legislators recently passed a law that will help facilitate the distribution of vaccine-related information to the parents of young women throughout the state.

About 20 million people in the U.S. are already infected with HPV—for which there is no cure—and an additional 6 million people get infected each year. In the U.S., about 10,000 women get cervical cancer each year and nearly 4,000 die from it.
Ensuring Access for All Hoosiers

Access to reproductive health services is under constant attack, and PPIN believes that health care decisions are private and should be made by an individual in conjunction with her/his doctor and family, not by government or politicians. PPIN protects access to care through grassroots advocacy and legislative work to positively impact reproductive rights.

Access to family planning services and sexuality education can help propel families out of poverty, improve Hoosier health, reduce abortion rates and increase the quality of life for all Hoosiers.
At the Statehouse
For 75 years, PPIN’s medical services and educational programs have helped prevent unintended pregnancy. It isn’t always easy. Since 1973’s Roe v. Wade decision, Indiana’s legislature has considered over 135 bills to restrict abortion access, and fewer than a dozen addressing the real problem of unintended pregnancies.

PPIN lobbied aggressively on behalf of Prevention First legislation (see sidebar). More than 300 people—including four state legislators—turned out for the Prevention Now rally in February to support legislation providing access to birth control and requiring medically accurate sexuality education in Indiana schools. The rally, sponsored by the Health Access and Privacy Alliance (HAPA), was far and away its biggest and most successful activism event to date.

PPIN is a proud member of HAPA—a coalition of Hoosier civic, educational, religious, professional and health organizations working together to improve access to reproductive health care for poor, young and minority women, protect reproductive choice for everyone, and encourage legislators and policymakers to enact responsible, effective measures to prevent unplanned pregnancies and ensure good health for all Hoosiers.

PPIN’s Public Policy staff will continue working with legislators on Prevention First measures throughout the next session, and will persist until Indiana law reflects Hoosiers’ support of birth control and sexuality education.

According to HAPA, improving access and protecting choice means:

- Making contraception accessible and affordable;
- Providing information about reproductive health care and different types of contraception;
- Providing medically accurate, age-appropriate sexuality education;
- Ensuring medical testing and treatment of STDs;
- Protecting the right of individuals to make their own reproductive decisions including the right to become a parent, the right to prevent pregnancy and the right to end a pregnancy.

It is estimated that teen childbearing cost Indiana taxpayers $195 million in 2004, and over $3.6 billion during a 13-year period.
A series of commonsense legislative measures that will ensure Hoosiers’ access to family planning services and ensure parents know what is—and isn’t—being taught in sexuality education classes, while making certain that what is taught is medically accurate.

The Prevention First legislative package will include the following:

**Birth Control Protection**
Will add language that protects Hoosiers’ right to access birth control, and prevents the state or its agents from regulating or restricting access to birth control beyond controls necessary to ensure public health and safety; and recognizes that contraceptives do not constitute abortion.

**Patient Protection**
Will add language that guarantees patients’ access to lawfully prescribed medications—including contraceptives—and prevents patient delays due to pharmacists’ refusals, while protecting pharmacists’ religious objections.

**Parents’ Right To Know**
Will add language stipulating that schools disclose to parents what is and is not being taught in sexuality education classes—to empower parents to more effectively discuss sexual health with their children.

**Medically Accurate Sexuality Education**
Will add language requiring schools that provide sexuality education to only teach medically and factually accurate information.
Senior Management
Kathleen Baldwin, vice president of education and training
Liz Carroll, vice president of patient services
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Chrystal Struben-Hall, vice president of development and public affairs

Community Action Boards
Four years ago, in Madison, PPIN started a grassroots, community-based project that has evolved into a community advisory board (CAB) program. CABs now exist in 14 communities, participating in local events, spreading the PPIN mission.

CABs consist of local supporters who meet to discuss the primary focus for PPIN in their area and how best to engage the local community. CABs are encouraged to focus on the strategic goals of the agency.

As a statewide organization, PPIN understands that staying connected with local communities is critical, and local involvement provides proof that PPIN is grounded in what is good for the community and the state.

CABs have been organized in the following cities:
- Bloomington
- Columbus
- Evansville
- Fort Wayne
- Indianapolis
- Kokomo
- Lafayette
- Madison
- Merrillville
- Muncie
- Richmond
- South Bend
- Terre Haute
- Valparaiso
Legal Updates

Supreme Court Restricts Access

This April, the Supreme Court shocked women and men around the country when it upheld a federal ban on a specific, second trimester abortion procedure. In its decision, the court laid the ground work for a host of potential new regulations on abortion. They held that the state’s interest in protecting the life of the unborn is paramount to the health and safety of women. This is a dramatic departure from over three decades of court precedence putting a priority on the health and safety of women. The effect of this ruling will be felt by many women, as state lawmakers have already begun to erect new barriers to accessing safe and legal abortion procedures.

PPIN Defends Against Anti-Choice Bills

The Prevention Now rally (see story, page 20) energized Indiana legislators who used Prevention First legislation to help defeat over a dozen anti-choice bills (a detailed list of 2007 legislation is available at www.advocates.ppin.org).

HPV Immunization Information Bill Passes

PPIN is pleased to announce Senate Bill 327 was passed during this year’s legislative session. The bill requires the State Department of Health to partner with Indiana’s schools to inform parents of sixth-grade girls that the HPV vaccine exists and can prevent cervical cancer, and to keep a record of how many girls are being immunized.
Thank you, thank you, thank you!

We are grateful to the individuals, foundations and businesses who acted on their belief that choosing whether and when to bear children is a basic human right and expression of integrity, morality and dignity. With each gift—large or small—you have helped women, men and families live healthier, safer lives by providing the best medical, educational and advocacy services. We are inspired by the trust, commitment and generosity of our donors, and we are proud to include your names in this report.

The names listed below reflect gifts to PPIN’s FY 07 Annual Campaign. Donors to our Tapestry of Strength Capital and Endowment Campaign will be recognized in the FY 08 report after the campaign’s completion.

PPIN has made every effort to ensure that the names on the sponsor and donor lists in the annual report are accurate and complete. If an omission or error has occurred, please accept our sincerest apologies and contact our development department at (317) 637-4187.
$100 – 249
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seventy-five years
Frank Springer Leaves a Legacy

Frank Springer, a beloved quiet man of philanthropy, passed away on Aug. 15, 2006. His legacy to PPIN will live on for generations to come. He left an extraordinarily generous gift to the PPIN Endowment Fund at the Central Indiana Community Foundation.

Mr. Springer’s relationship with PPIN began in 1955, when his wife, Irving, joined the board. Mr. Springer joined the board himself in 1979 and served until the mid-90s, including three years as president. He was a founding member of PPIN’s Circle of Choice planned giving program.

He was a strong believer in endowment giving and helped PPIN forge its path for a successful planned giving program. He is truly missed.

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