

I always feel comfortable here and the staff is really nice and always answers any questions I have.

Staff was friendly. I was treated well from start to finish.

The nurse practitioner was so patient and kind. I was really nervous and she put me at ease. She made this experience wonderful!

I was very happy with everyone that worked here. And I thank them all for making a very hard time a

visit a good one put me at ease.

If it wasn't for Planned Parenthood I wouldn't be able to get birth control at all so thank you very much and I hope they'll always be around.

I love them. They are always here when I need them, they are like Fairy God Mothers to most of us that come in. :) loooooove them

Always very kind, warm & friendly staff. Makes what is sometimes an unpleasant reason for a visit a pleasant experience.

Nice staff and very clean facility

The staff was great! Friendly and professional!

They are great and respect the issues or concerns you have... thank you.

They are the best! They make you feel very comfortable.

Staff is very nice and understanding. They actually listen to me and talk to me and not at me.

Planned Parenthood of Indiana and Kentucky

ANNUAL REPORT 2014

Keep up the amazing work.

Patient Statistics Fiscal Year 2014

Unduplicated patients served: 66,952 / Total visits: 176,971



DEMOGRAPHICS

Number of Females	60,101
Number of Males	6,851
Ages 17 and Under	5,911
Ages 18-19	7,482
Ages 20-24	20,743
Ages 25-29	14,669
Ages 30-34	8,517
Ages 35 and Over	9,630

POVERTY STATUS*

Patients at or Below Poverty	57%
Patients at or Below 150% Poverty	71%

*The federal government defines poverty as an annual income of \$11,670 for one person or \$23,850 for a family of four.

RACE/ETHNIC ORIGIN*

White	71%
Black	20%
Other	9%
Hispanic	7%

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

PROCEDURES PROVIDED

Pap Tests	6,113
Chlamydia Tests	27,705
Gonorrhea Tests	27,697
Pregnancy Tests	17,009
HIV Tests	8,073
Gardasil (HPV vaccine)	350
Colposcopy	252
Cryotherapy	9
LLEPs	34
Abortions	4,681

CONTRACEPTIVES DISTRIBUTED

Oral Contraception	164,435
Depo-Provera injections	20,454
Emergency Contraception	7,355
Other Contraceptives	21,992
Condoms/Spermicides	77,575
Implanon	1,648
Nuva Ring	7,354

EDUCATION STATISTICS FY 2014

Total Participants	13,400
Education/Training Session Hours	1,551
Ask Me! Inquiries	432

Fiscal Year 2014 Executive Summary and Unaudited Financials

FY 2014 provided Planned Parenthood of Indiana and Kentucky (PPINK) an opportunity to significantly change how we operate. Well before year-end, we realized our operating loss for the year would exceed the year before, and we embarked on a process (Move the Dot) to overhaul our organization's operations, top-to-bottom and side-to-side, with the goal of being operationally sustainable for the long term.

It is universally true that health care providers find the times ever-changing, whether they are public or private, large or small, for-profit or non-profit. While our fiscal year close-out numbers were disappointing, the investment that has been made in radically changing culture and operations is already beginning to bear fruit.

While total revenues were down from the previous year, we did celebrate an increase of \$172,000 in grant funds from

the previous year, and we set a new record in fundraising. Our biggest hit was a decline in patient services revenue of nearly \$1 million.

Patient visits declined as part of a continuing trend of fewer Pap tests and oral contraceptives, due to changes in medical protocols and a shift toward other types of contraceptives, such as Long Acting Reversible Contraceptives (LARCs). We saw marginal increases in the number of other services. As we have previously observed, sometimes when mission wins, margin suffers.

In FY 2014, our patients used \$376,000 from our Women's Health Fund, which is about \$65,000 more than they used in FY 2013. This fund for preventive care continues to be an important benefit for those most in need, who lack insurance or Medicaid coverage—they, and we, are thankful to our donors who support this fund. All said and done, it

is what our annual Gathering of Goddesses and Gods is all about. Thank you.

We continued our trend in recent years of spending less than budgeted. Expenses for FY 2014 totaled \$15.9 million, which was \$228,000 below budget and nearly half a million less than FY 2013.

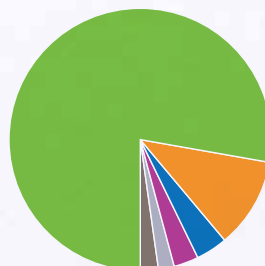
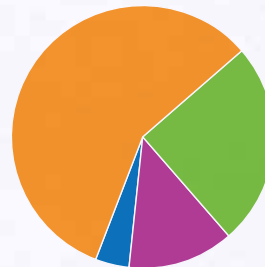
Looking to FY 2015, we have already implemented several Move the Dot initiatives recommended by internal teams, in conjunction with Planned Parenthood Federation of America (PPFA). We adjusted our health center schedules and staffing models, and launched a contact center. These changes are enhancing patient care and customer service, improving staff training and retention, and making our operations as a whole more financially efficient. Early results are encouraging and we are confident the changes will lead us to a more financially sustainable business model.

OPERATING REVENUE

	\$
Patient Services Revenue	\$9,190,543
Contributions and Grants	\$3,934,037
Government Contracts and Grants	\$2,069,282
Miscellaneous Income	\$553,520
Total Operating Revenue	\$15,747,382

OPERATING EXPENSES

Patient Services	\$12,330,672
Management and General	\$1,774,450
Education	\$691,515
Development	\$530,391
Marketing	\$323,093
Public Policy	\$255,561
Total Operating Expenses	\$15,905,683
Net Operating Revenue	\$(158,301)
Non-Operating Income (expenses)	
Non-Operating Income	\$401,694
Non-Operating Expense	\$(833,140)
Total Non-Operating Inc (Exp)	\$(431,446)



Patient Services Revenue	58%
Contributions and Grants	25%
Government Contracts & Grants	13%
Miscellaneous Income	4%

Patient Services	78%
Management & General	11%
Education	4%
Development	3%
Marketing	2%
Public Policy	2%

The quotes on the cover are from PPINK patients, taken from our patient satisfaction survey. This survey provides valuable feedback to help enhance our patients' experience.

Partners for the Future of Health Care

PEER EDUCATORS HELP TRAIN A NEW GENERATION OF DOCTORS TO COMMUNICATE WITH TEENS

It's no secret that it's often not easy for adults to have meaningful conversation with teenagers.

Doctors are no exception. But a partnership between the University of Louisville Ryan Residency Training Program and Planned Parenthood of Indiana and Kentucky's (PPINK's) peer education program aims to help obstetrics/gynecology and pediatrics residents bridge the communication gap with teens on important health issues.

For the past two years, residents who are interested in working with adolescents have had a PPINK peer educator as a mock patient. The "patients" are given a medical background to portray, related to sexual or reproductive health. Some may be concerned about sexually transmitted diseases. Others may be pregnant. Some "patients" arrive with a boyfriend or girlfriend, and the resident must screen for potential partner abuse.

From there, the PPINK peer educators "flesh out the persona," said Carrie Bohnert, director of the medical school's standardized patient program. When the mock appointment is finished, the peer

educators are trained to offer feedback about the resident's treatment of their issue.

"At first, I was worried that the peer educators wouldn't have the confidence and awareness to share enough constructive feedback," Bohnert said. "They have so proven me wrong. They are really good at articulating how the residents can improve their communication skills so they can better connect with adolescent patients."

The residents aren't the only ones who benefit from the partnership. Each resident must deliver a presentation to the peer educator group on a topic related to family planning or sexual health. The topics are based on what the peer educators are interested in. One recent popular presentation was on the changes that a woman's body undergoes during pregnancy.

Dr. Tanya Franklin, director of the Ryan Program, said she believes the partnership is a "unique cross-training collaboration that will enhance the future patient and peer education interactions both sides will encounter."

CHART REVIEW PROJECT GAINS ATTENTION FOR TEEN PREGNANCY PREVENTION

A research project by an Indiana University School of Medicine resident who used, in part, PPINK patient data has been garnering accolades for its findings about preventing repeat pregnancies in adolescent mothers.

For the study, Dr. Neena Qasba reviewed charts of more than 300 adolescent postpartum patients from three Indianapolis hospitals, and cross-referenced them with PPINK patient data. The study followed the patients, their contraceptive use after birth, and any repeat pregnancies.

The findings were eye-opening: adolescent patients who chose not to receive a Nexplanon implant—a non-estrogen type of long-acting reversible contraceptive—prior to hospital discharge were 16 times more likely to have a rapid repeat pregnancy, defined

by public health organizations as another pregnancy within 18 months.

"This study provides state-specific data that I hope will show Medicaid administrators, hospitals and others that it makes sense to provide effective birth control like intra-uterine devices (IUDs) or implants at the hospital for the most vulnerable patients, who might not have the resources or ability to get contraception later," Dr. Qasba said.

Nationally, nearly 20 percent of children born to teenagers are a second or third child, and Indiana ranks 18th nationally for its teen pregnancy rate. Teen childbearing is associated with increased costs for health care, foster care, and other forms of public assistance. It certainly contributes to the cycle of poverty.

Making the most effective types of con-

traception available to teens immediately after birth, Dr. Qasba said, alleviates issues such as high no-show rates for postpartum appointments and lack of insurance coverage when Medicaid pregnancy benefits expire shortly after birth.

For her work, Dr. Qasba won the IU Department of Obstetrics and Gynecology residency research award, and she won a prize for a poster presentation at a district meeting of the American College of Obstetrics and Gynecology. She also plans to present her findings during the Second Annual Indiana Summit on Infant Mortality.

As for working with PPINK, Dr. Qasba said she hopes her project paves the way for more future collaboration between providers with the goal of improving public health.



Planned Parenthood of Indiana and Kentucky

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