

## F.M. KIRBY FOUNDATION SOLICITATION EVALUATION FORM

**DATE:** April 10, 2020

**REQUEST DATE:** February 19, 2020

**Last grant acknowledgement:** Yes

**Program Area:** Human Services

**APPLICANT:**

Planned Parenthood Federation of America, Inc.  
123 William Street  
New York, NY 10038-3804

**CONTACT:** Ms. Leslie Dayton, Associate Director, Foundation Relations

**PHONE:** 212-541-7800

**PAYEE OTHER THAN ADDRESSEE:**

**AMOUNT REQUESTED:** \$90,000 **NATURE OF REQUEST:** For support of the Health Care Division: Clinical Operations

### GRANT HISTORY

**LAST GRANT DATE:** 4/15/2019

**LAST GRANT AMOUNT:** \$90,000

**FYE DATE:** 6/30/2019

**AFS DATE:** 12/5/2019

2015	\$125,000	4/13/2015	For: The Affiliate Services Division
2016	\$100,000	4/4/2016	For: The Affiliate Services Division
2017	\$90,000	4/28/2017	For: The Health Care Division - Clinical Operations (formerly known as Affiliate Services Division)
2018	\$90,000	4/23/2018	For: The Health Care Division - Clinical Operations
2019	\$90,000	4/15/2019	For: The Health Care Division - Clinical Operations

**See Site Visit Report attached.**

**DLK COMMENTS:** Financial analysis below.

**JFT COMMENTS:** Much has changed since my site visit in 2019. The president then, Dr. Leana Wen, was dismissed in July of 2019 and an interim is in place through December 2020. (From the NY Times: "...people familiar with the matter said the organizations Board of Directors felt it needed a more aggressive political leader. Dr. Wen stated the she was leaving because the new board chairs and I have philosophical differences over the direction and future of Planned Parenthood.") The search for a permanent replacement will begin in the coming months. PPFA lost its lawsuit against the Title X gag rule which bans doctors in the Title X program across the country from telling women how they can safely and legally access abortion, and it prohibits doctors from giving women full information about all of their sexual and reproductive health care options. The rule went into effect in August of 2019, "forcing one in four Title X providers (including Planned Parenthood) to withdraw from the program, giving up federal family planning funds so they could continue to provide comprehensive, unbiased information and referrals." According to a recent Guttmacher Institute report, the program's capacity to serve patients has been reduced by 47%.

Nevertheless, PPFA is helping to address the loss of funding to affiliates through their Patient Assistance Fund which provides financial assistance to affiliates most affected. They had been

**APPLICANT: Planned Parenthood Federation of America, Inc.**

hoping for the best and planning for the worst (as had many affiliates) regarding Title X funding. PPFA has distributed more than \$6M, along with technical support to affiliates as they shift their business models so that they can continue operate without Title X funds. They have also implemented a Service Expansion program, partnering with 20 affiliates to increase the range of services by providing grants to help offset the costs associated with service implementation, along with market analyses, project management assistance, financial analytics, policy analysis, and technical assistance.

Once again, we read of the collaboration with FMKF grantees, SIECUS and Rutgers University's Answer, along with Advocates for Youth and Women of Color Sexual Health Network, co-hosting the 13<sup>th</sup> annual State Sex Ed Summit. Over 130 attended from across the country, and PP representatives shared their expertise through several workshops.

On 4/2/20, I received an update regarding COVID-19 crisis response. It was very comprehensive including information on Emergency Preparedness & Response, Public Policy and Government Relations, PPFA and the Action Fund, Litigation & Law, PPFA, and Health Care Operations, so I've just included the Health Care Operations piece:

From Teri Trivisonno, Vice President of Health Care Operations, "PPFA affiliates are faced with an urgent need to leverage telehealth technology and expand telehealth services to continue to stay true to our mission of care, no matter what.

The current telehealth landscape within the Federation includes the use of two different vendors, including InTouch for all site-to-site telehealth workstreams for non-abortion and medication abortion services.

We also have another service: Kaleido Health Solutions offers the PPDirect app, which is our direct-to-consumer application for UTI treatment and birth control services.

Our National Office staff working on these workstreams have combined resources and efforts to support our affiliates in the direct-to-consumer expansion, leveraging our current technology capabilities to their full potential.

Our main goal is to maximize the use of our current technology and expand direct-to-consumer telehealth visits across the Federation for services that do not require a physical exam.

We expect all of the affiliates will use telehealth technology within the next week and a half.

PPFA is also working with affiliate health centers who are considering drive-through services for the delivery of birth control."

PPFA has remarkable reporting capabilities, and the critical data captured (clinical, business, financial, etc.) is used to improve affiliate operations, patient services, and education. FMKF support of the "Healthcare Division – Clinical Operations" over the past several years has been factor in keeping many affiliates in business. The number of affiliates decreased by 4 last year, but there are still 600 health centers which means that those 4 affiliates merged with another. I believe that the FMKF support has a proactive impact on the sustainability of affiliates. I recommend the budgeted \$90K.

**JJK COMMENTS:** While we learn from this request that 1 in 5 women will seek health care from a Planned Parenthood, we also learn that that one woman is highly likely (3 out of 4 chance) to be

**APPLICANT: Planned Parenthood Federation of America, Inc.**

at or below 150 percent of the poverty line. Thus, Planned Parenthood affiliates across the nation are providing reproductive and sexual health care to those who may not have another place to turn. The defunding of Title X programs, if continued, will mean that many of these people will be at a loss or may even seek out illegal or unsafe methods of abortion. The gag rule has already, as JFT notes, reduced capacity to serve.

The collaboration between PPFA and affiliates seems remarkably strong, as noted in the Team-Centered Patient Care program, which uses PPFA experts to ensure high-quality experiences for patients. This has reduced waiting times and increased both employees and patient satisfaction scores. As cost-saving measure, PPFA trains one affiliate at a time, in the hope that that affiliate will then train the health centers which they operate. This attention to patient experience is additionally enhanced with a program called Compass that procures interactive reports on staffing ratios, clinician productivity, and healthy equity.

This collaborative approach has impacted other forms of health care too. One collaborative of eight affiliate began a smoking cessation program and increased number of interventions from 47 to 60 %. This initiative has now expanded to 24 additional affiliates.

Fascinating to learn about how much telehealth has already changed the game. As I have heard from the medical fields, when it comes to telehealth and doctor-patient interactions, it has been as if ten years of change have been compressed into a month.

We will have to keep an eye on the leadership issue here, given Dr. Wen's very short tenure and the fact that it's an election year. I'm a bit confused as to how the Board that hired her, knowing she was a doctor, would not have foreseen a possible conflict with her approach to tackling the abortion through a health care lens (rather than as an overly political fight). Let's hope the next leader has a longer runway.

I concur with the recommended \$90K.

**SDK COMMENTS:** I remain pleased that in more recent years we have placed more weight on our chapter support in NJ and NC.

**FM KIRBY FOUNDATION**  
**Financial Statement Analysis**

<b>Grantee Name:</b>	Planned Parenthood Federation of America	<b>Date:</b>	3/18/2020
<b>Prepared By:</b>	DLK		
<b>Grant Request Amt.</b>	\$ 90,000	<b>Type of Financial Report Submitted</b>	Audit
<b>Budgeted Amt.</b>	\$ 90,000	<b>Period Covered in Financial Report</b>	FYE 6/30/19
<b>Audit Firm</b>	KPMG LLP	<b>Date of Report Issuance</b>	12/5/2019
<b>Opinion</b>	Present fairly		
<b>Basis of Acctg.</b>	GAAP		
<b>Current Ratio (Liquidity Ratio/Working Capital Ratio)</b>	5.75	<b>Amount of Unrestricted Net Assets (Operating Reserve)</b>	\$ 278,667,101

**Note:** A current ratio measures an organization's ability to pay short-term and long-term obligations. The higher the ratio, the more capable the organization is of paying its obligations. A ratio under 1 indicates that the organization's liabilities are greater than its assets.

Allocation of Functional Expenses	6/30/2019	%	Must Read Financial Statement Notes
A. Program Service Expenses	\$ 265,061,113	72%	Ideally program expenses should be at least 70% of total budget.
B. Management and General	\$ 42,953,941	12%	
C. Fundraising	\$ 58,866,402	16%	
D. Total Expenses	\$ 366,881,456	100%	

**Comments/ Notes:**

Budget - The budget is projecting a \$63M deficit for FY20 versus a deficit of \$26.8M for FY19. Revenues are budgeted to drop by \$48.5M or 14% (in all line items except bequests). Expenses are budgeted to decline by \$12M or 3% (primarily in the employee compensation and professional fees lines).

Audit - There was a \$26.8M decrease in net assets as of June 30, 2019, compared to a \$24M surplus for FY18. Total contributions and grants were up \$14.6M (5%), with all revenue lines increasing except bequests. Other revenues were up \$5.3M (31%). Expenses were up \$70.7M (24%) over FY18. Approximately half of the increase (\$31.3M) occurred in awards and grants, with the rest spread among the expense lines. As was the case in FY18, there were no dues for any PP Affiliates to PPFA. PPFA had investments of \$361.7M, of which \$168.5M were endowment-related. At June 30, 2019, grants receivables from two donors represent 18% of the gross contributions and grants receivable. PPFA has a \$1M line of credit with no balance outstanding as of June 30, 2019. The Action Fund has a \$1.0M revolving line of credit with no balance outstanding as of June 30, 2019. Overall, there were no red flags that arose as part of my review.

**APPLICANT: Planned Parenthood Federation of America, Inc.**

**DISPOSITION:**

- Declination
- Hold for review on/about:
- Approval for: **\$90,000**
- Hold for Board Review
- Insert Information: **For: The Health Care Division - Clinical Operations**
- Other:

Initials:    *sd*   

Date:    4/11/28   

Check #:                     

Date:

## SITE VISIT REPORT

**Report No:** 12

**Grantee:**

Planned Parenthood Federation of America, Inc.  
123 William Street  
New York, NY 10038-3804

**Program Area:** Human Services

**Most Recent Grant Amount and Date:** \$90,000.00 - 4/15/2019

**Primary Contact:** Ms. Emily O'Neill, Director of Foundations Operations and Donor Communications

**Phone:** 212-541-7800

**Met With:** Kim Custer, Executive Vice President, Health Care; Julia Kohn, National Director, Research, Evaluation, and Data; and Emily O'Neill, Director, Foundation Relations and Donor Communications.

**Location:** Same as above

**Date Visited:** May 17, 2019

**F. M. Kirby Foundation Representative:** JoAnn F. Tiefau, Program Officer

**Site Visit Guide: Matrix Score [Rating Scale from a high of 4 to a low of 1]**

	'19	'17
<i>A. Personnel: Turnover, Professional Development and Career Advancement</i>	3.0	2.75
<i>B. Board: Involvement, Development, and Training</i>	2.75	2.75
<i>C. Financial: Net Assets, Fundraising Performance and Capacity</i>	2.75	2.5
<i>D. Strategic Planning, Review and Implementation</i>	2.75	2.75
<i>E. Program Evaluation and Quality Assurance</i>	3.5	3.5
<b>Total:</b>	<b>14.75</b>	<b>14.25</b>
<b>Average Score:</b>	<b>2.95</b>	<b>2.85</b>

**Comments:** I met with three very dynamic women who are dedicated and focused on the mission of overall health, wellness, and creating a “network of care” for all services. We began the conversation with a discussion on the abortion issue, considering the latest legislation passed in Georgia, Alabama (the toughest in the Country which declared abortion a felony), and Missouri. A total of eight states have passed restrictions so far this year. Many were passed knowing that there would be legal challenges. The goal: to get the case in front of the Supreme Court, where a new, solidly conservative majority could overturn Roe v. Wade (the 1973 Supreme Court decision that established that a woman's right to choose an abortion was protected by the privacy rights guaranteed by the Fourteenth Amendment to the U.S. Constitution). PPFA will not be lead counsel in the suit to be filed against Alabama (lead-ACLU's national Reproductive Freedom Project) but will partner in the litigation. In Kim's opinion, should the case go to the Supreme Court (to revisit Roe v. Wade), we're looking at a minimum of 18 months but closer to 24-26 months, though there are approximately 14 cases already in the pipeline regarding that case.

Concern is centered on getting clients, including undocumented immigrants, to a state provider without restrictions; transportation is often provided to such locations. Planned Parenthood has a presence in all 50 states. PPFA and affiliates are revamping their web tools to include location finders where abortions are provided. PPFA is also looking into mobile units which would include a driver, nurse, and healthcare assistant. The majority of abortions (approximately 80% in the first trimester) are medication abortions. Enough on this controversial issue.

PPFA secured a nationwide injunction temporarily blocking the Gag Rule that bans doctors in the Title X program (federal family planning funds) from providing referrals for safe and legal abortion access. The Rule would make it impossible for patients in the program to access birth control methods or receive full information about their sexual and reproductive healthcare options. Loss of Title X funding could/would result in the skyrocketing of birth control methods (an IUD could go from \$60 to \$600). I asked if the Gag Rule were upheld if affiliates would close. Kim stated some may close, others may merge, and many that are fiscally sound would survive. I asked if the federally qualified health centers (fqhc) could absorb an influx of patients, and she told me that most centers referred patients to Planned Parenthood affiliates at this time so the end result might be disastrous for sexual health. PPFA is doing a feasibility study (risk assessment) for a finance program that would aid affiliates in the event of the loss of Title X funding. Once again, Kim stated that they have faith in their litigators. They are hoping for the best and planning for the worst.

We moved on to the topic of their new president as of November 2018, Dr. Leana Wen. She is the first physician to lead Planned Parenthood in nearly 50 years. She is an immigrant, a practicing ER doctor, and a “passionate advocate for reproductive health and rights.” She lives in Baltimore, is based in PPFA’s national office in DC, and has one child (a son-almost 2 years old). I inquired of the differences between Cecile Richards and Dr. Wen. Kim stated that Cecile was, among other things, a patient advocate and good fundraiser. Dr. Wen is “all about healthcare and provisions of such.” Basically, different approaches to obtain the same outcome. We’ll see how the fundraising turns out under Dr. Wen’s tenure. Dr. Wen has visited 20 affiliates in 6 months. She has conducted community “roundtables” for public health and community welfare. Her stance is that abortion is healthcare, and she “puts her lens on all healthcare outcomes.” Dr. Wen plans to grow, protect, and gain the market share that is out there to be had, not only patient-wise but provider-wise (doctors, nurses, technicians, etc.) as well.

I inquired of the status of the Wilkes-Barre Health Center (Planned Parenthood Keystone -PPK). They moved out of the facility on the property of the Angeline Elizabeth Kirby Memorial Health Center in early January. They are one block away in a new location that Kim called more “medically appropriate.” The old facility was, as I had mentioned at an earlier time, rather depressing. Melissa Reed, PPK President/CEO, has faced challenges since she came on board in June of 2016, beginning with the closure of the Easton Health Center followed by the adversity surrounding the Wilkes-Barre facility where they had been located for 84 years. Good news is that PPFA is providing guidance for the PPK affiliate and others to use professional services for tasks such as HR, finance, IT, and any medical management administration that does not need to be onsite.

Staff for PPFA remains approximately at 500, with 130 in DC, 300 in NYC, and the balance telecommuters. The new space is 2.5 floors and remains an open environment. As was the prior practice in their previous NYC location, Dr. Wen and payroll staff are the only personnel with an office. There are various meeting rooms surrounding the open area (even the cubicles are “open”) and they are used for meetings such as ours or if privacy is needed by staff.

The demand for the Team Centered Patient Care program (formerly known as “Move-the-Dot”) continues. Kim stated that PPFA is going to enhance staffing to meet capacity. Julia (a self-proclaimed data junkie) provided a look into their use of dashboards to capture data on courtesy, delays, confidence in providers, etc. She collects and presents meaningful data to the appropriate departments to affect change. Data sharing is key.

Our last discussion focused on education, which falls under the Healthcare Division so Kim was all smiles. PPFA drives the education component of the affiliates which is comprehensive, including abstinence education. Mention was made of their collaboration with SIECUS (Dr. Sara Flowers, PPFA’s VP of Education, is on the SIECUS Board) and PPFA works closely with ANSWER on several projects, including co-hosting an annual Sex Education Summit in partnership with Advocates for Youth and SIECUS. High marks for both. Dr. Flowers was brought on board in October last year and after settling in, visited 75% of the affiliates (around 40) within 4 weeks. She took a “boots-on-the-ground approach” to gather information, evaluate the data, and create a unified collaboration of best practice by “connecting the dots”. According to the latest data, Planned Parenthood reaches 1.5 million+ annually through sex education and outreach programs (schools and community programs) and “millions” more through their web education programs. PPFA also provides information on Tumblr, Twitter, Facebook, and Instagram pages, and Planned Parenthood websites in English and Spanish receive more than 70 million visits in a year. Providing the educational material is of utmost importance at a time when the administration is shortening the grants for the Teen Pregnancy Prevention Program (TPPP) and, once again, is pushing abstinence-only-until-marriage programs. I was shown a quick demonstration of Roo, an online application that meets young people “where they are 24 hours a day, seven days a week.” The Roo “chatbot” uses Natural Language Processing, a type of artificial intelligence, to scan a user's question, determine key words, meaning, and intent, and then produce a “culturally-relevant” answer that has been pre-approved by PPFA staff and ensured to be medically accurate. Roo evolves as more users ask more questions, but if a user stumps it, it can connect them with a live, trained health educator via their chat/text program, or direct them to a Planned Parenthood health center to get the care they might need. Since its launch in January, Roo has had over 100,000 interactive sessions, with conversations about anatomy, sex, relationships, consent, and gender and sexual identity.

There’s much work to be done to “improve public health outcomes,” and it comes with a price. To serve more patients, you need more providers, and to maintain and expand affiliate infrastructure, they need to increase public support. This was an informative, at times intense, and productive meeting. Let’s see how impactful Dr. Leana Wen will be.

**SDK comment: Lots covered.**





Planned Parenthood Action Fund



Planned Parenthood Action Fund

### Executive Leadership Team

**Leana Wen, MD, MSc**  
President and  
Chief Executive Officer

