

2022

# DEI Year-End Report

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PLANNED PARENTHOOD OF ILLINOIS

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PLANNED PARENTHOOD OF ILLINOIS (PPIL)  
DIVERSITY, EQUITY & INCLUSION

# Introduction

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Dear Valued Stakeholders of Planned Parenthood of Illinois (PPIL),

I am delighted to present to you our 2022 Annual Diversity, Equity, and Inclusion (DEI) Report, a comprehensive overview of our organization's ongoing efforts and progress in fostering a more equitable and inclusive organization. As the Chief People, Equity and Culture Officer at PPIL, I am proud to share this report, as it represents our commitment to transparency and accountability in the work of advancing equity within our organization.

Today's society presents us with both opportunities and challenges when it comes to promoting diversity and inclusion inside of our walls. While we have made significant strides since we began our DEI work as an affiliate in 2019, we must also recognize that the journey towards true equity requires an acknowledgement that slow and steady is the only acceptable pace, and also that a race+ lens that acknowledges the unique experiences of many marginalized communities must be applied. In particular, considering the outrageous and unacceptable current climate in this nation that regularly attacks the humanity of transgender adults and youth, we must urgently and explicitly address the pressing issues faced by the trans and gender non-conforming community, and use our voice and power to actively fight against the attacks on access to gender-affirming care that is occurring around this nation. This restriction on healthcare profoundly impacts the mental and physical well-being of individuals within this community, and it is our responsibility to ensure that their voices are heard and their healthcare needs are fully met here in Illinois, and beyond.

Additionally, as we look toward ensuring the greatest access to our services and to an equitable workplace in terms of those who have disabilities (both visual and non) and those who are neurodiverse, it is crucial to deepen our work on both the individual and interpersonal levels, and we all enterprise-wide. Although Illinois has a strong legislative record when it come to protecting access to care for marginalized populations, we recognize that true societal change happens when we engage in the transformative work of challenging biases and dismantling systemic barriers. It is this work that ultimately creates a ripple effect, providing the support and votes needed to keep pro-Choice, pro-BIPOC, pro-Trans, and pro-Bodily autonomy-believing legislators in office, shaping policies that will ensure that Illinois remains a safe haven state that continues to promote and prioritize equality and justice.

The 2022 DEI Annual Report will serve as a guiding light, walking you through PPIL's DEI Vision, Pillars, and Values, as well as our DEI Commitments. Moreover, it will provide you with a comprehensive overview of our DEI efforts, presenting data that showcases our progress. We will share Patient/Staff/Board of Directors Demographic Data, along with Patient & Staff Experience Data, allowing you to gain insights into our organization's current state and to understand the areas in which we have made strides, and those where improvement is still needed.

Through this robust annual report, you will learn about what PPIL is doing to build a more equitable, antiracist agency. Our commitment lies in examining the many data that we receive and utilizing it toward the work of eradicating disparate treatment and disparate impact, in order to ensure that our patients feel welcomed, understood, and satisfied with their visits, leading to strong health outcomes. Likewise, we strive to create an environment in which our staff feels a deep sense of belonging, engagement, and both physical and psychological safety so that they continue to choose PPIL as the workplace in which they would like to give of their gifts and talents for years to come.

As we navigate the path towards a more inclusive future together, we recognize the importance of partnering with each of our stakeholder groups. Your feedback around and support of these change efforts play a vital role in shaping our future DEI initiatives and driving meaningful change that we all can be proud of. We invite you to delve into the report, reflect upon our shared aspirations, and engage in dialogue with us as we continue this critical journey together.

Thank you for your ongoing support and for your active, personal commitment to diversity, equity, and inclusion. Together – if we are all doing our individual work - we can create an organization that we are proud of – one that empowers all individuals who cross our threshold, and that truly fosters an environment of respect, understanding, and belonging, and creates an equity-focus blueprint to be followed as we meet the call to show up Illinois Strong, as we must do at this hour.

In Deep Solidarity,  
Crystal R. Braboy  
Chief People, Equity, and Culture Officer

## Meet the DEI Team

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**Crystal Braboy**  
*she/her*  
**Chief People, Equity, and  
Culture Officer**



**Alexandra Hill**  
*she/her*  
**Director of Equity & Culture**



**Roshni Sharma**  
*she/they*  
**Equity Program Manager**



**Kelley Theisen**  
*they/them*  
**DEI Specialist**

# DEI Vision, Pillars, and Organizational Values

Planned Parenthood of Illinois (PPIL) is rooted in a deep commitment to diversity, equity, and inclusion that aims to reduce sexual and reproductive health care disparities and advance reproductive health throughout Illinois, and beyond. We commit to modeling our organizational values not only in our patient-facing work, but also by creating an equitable workplace where diversity is celebrated and equity is at the forefront of decision-making. In order to achieve our vision, we know we must hold ourselves, our organization, and our communities accountable for identifying and remediating current inequities, recruiting diverse talent, engaging in equitable practices and systemic change work both internally and externally, and promoting continuous learning and open dialogue. As such, our DEI goals center around the following six pillars:

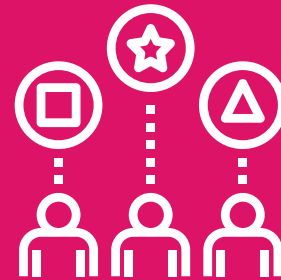


## Health Equity

Prioritizing communities and populations where historical disinvestment and limited access to reproductive health services have created disparate health outcomes and disparate experiences in the healthcare system

## Diverse Talent

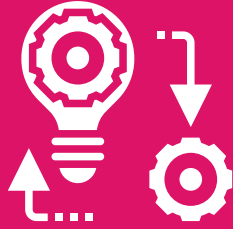
Enticing the best and brightest folks to work for PPIL through inclusive hiring efforts that value diversity of thought and lived experience as much as traditional qualifications.



## Inclusive Culture

Fostering a culture of accountability, empowerment, trust, belonging, justice, and dignity - for PPIL employees as well as patients

# DEI Vision, Pillars, and Organizational Values



## Systemic Change

Deconstructing systems of power and privilege in order to create systems where power is shared, and folks who are most impacted and/or historically underrepresented are centered

## Equitable Policies & Practices

Assessing and updating policies, procedures, and decision making criteria for equity alignment, as well as standardizing organizational processes to minimize opportunities for bias



## Continuous Learning

Providing learning opportunities for staff, leaders, board members, and the communities we serve with a variety of anti-oppression and justice-focused topics rooted in empirical evidence and using a "race +" lens.

## OUR ORGANIZATIONAL VALUES



We tend to the team.



We respect and honor all people.



We jump in.



We try and we learn.



We care for our business.



We return to our mission.

# DEI Commitments for 2023-2024

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## Health Equity



We are proud of the access we have been able to sustain and expand as a haven state for comprehensive reproductive care in the Midwest. We want to ensure that our patients not only have access to services, but that they are also having positive experiences in our clinics. Currently, our Black patients are consistently reporting less satisfaction than our White and Latinx patients. ***Through targeted strategies, we aim to decrease the equity gap between our highest scoring and lowest scoring patient subgroups to a maximum of 1.8 points.***

## Diverse Talent



We recognize that our staff diversity mirrors the diversity of our service area in many areas - and we take pride in that! However, we also recognize that most of our BIPOC employees currently serve in entry-level jobs rather than in leadership roles, and that some of our hiring managers still show "like me" hiring tendencies. ***In order to mitigate bias in hiring, we will provide training and coaching around equitable hiring practices to hiring managers, particularly for management roles.***

## Inclusive Culture



We have made gains over time in terms of building an inclusive culture; however, we want to ensure that we continue to intervene and educate as needed when incidents of bias and microaggressions occur. ***In order to optimize our response to incidents of bias, we will standardize our investigation process through the creation of a Bias Incident Response Team (BIRT).***

## Systemic Change



We know that White supremacy culture, capitalism, and other systems of oppression are embedded throughout our society, and throughout our organization. However, the direct impact of these systems are not always clear and it can be hard to measure progress across a variety of data sets. ***In order to streamline our data, we will create a DEI data dashboard that houses all DEI-related data in one place for ease of use in decision-making.***

## Equitable Policies & Practices



As an organization, we not only value internal equity, but we also seek to ensure a deep commitment to equity from our external partners and vendors. ***In order to gather information about our vendors' commitment to DEI, we will create a vendor selection rubric that integrates DEI values into the decision making process for request for proposals (RFPs) and open bids.***

## Continuous Learning



We are proud to mandate DEI training upon hire, semi-annually for current employees, and to have an additional requirement of quarterly DEI leadership training for people managers. ***In order to assess the impact of our training on employee mindsets (and therefore employee behaviors), we will quantify the learning progression of our staff using a cultural assessment tool, such as the Intercultural Development Inventory®.*** This will allow us to assess where our staff falls on a developmental spectrum and will help us to identify areas where additional training is needed.

## DEI by the Numbers: Programming & Engagement

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56

### Hours of DEI Learning Provided

Trainings included optional lunch & learns (offered twice a month), mandatory training for people managers (continuing quarterly in 2023), and mandatory DEI orientation presentations for all new hires. Training topics included trans and gender expansive healthcare, culturally responsive leadership, White supremacy culture, and more. Five additional hours of DEI training will be mandated for all staff members in 2023, including two mandatory all-staff learning sessions, and a mandatory session on White supremacy culture.

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### Employee Engagement Activities Hosted

We seek to make PPIL a workplace to get excited about! We foster positive interpersonal relationships between colleagues by hosting trust building workshops with teams across the organization, as well as hosting a variety of employee programming, such as "coffee breaks," which have included meditation, trivia/games, and heritage month celebrations. We also host monthly "after hours" activities such as a book club, movie night, and karaoke.

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### New DEI Initiatives Launched

DEI initiatives included completing a listening tour with visits to each health center to collect qualitative data, creating employee voice committees, developing goals for vendor diversity, drafting individualized DEI goals with each department head, launching a monthly DEI newsletter, developing a DEI strategic plan, offering employee support for secondary trauma, and launching a wishlist appreciation program for frontline staff.

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### Employee Resource Groups (ERGs) Offered

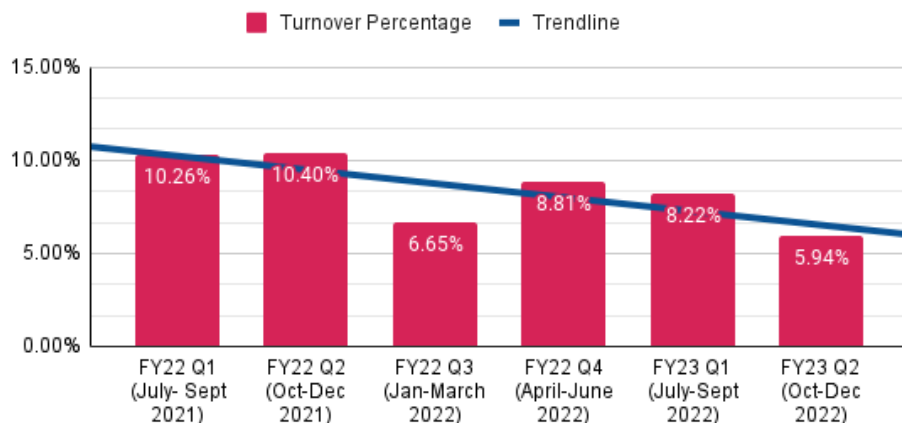
We currently offer the following ERGs (which we call affinity caucuses) twice a month: BIPOC, Black, Latinx, LGBTQIA+, TGNC, and Neurodivergent/Disability. A White ally caucus is set to launch in early 2023 and we look forward to further expanding our selection of ERGs in the coming year.



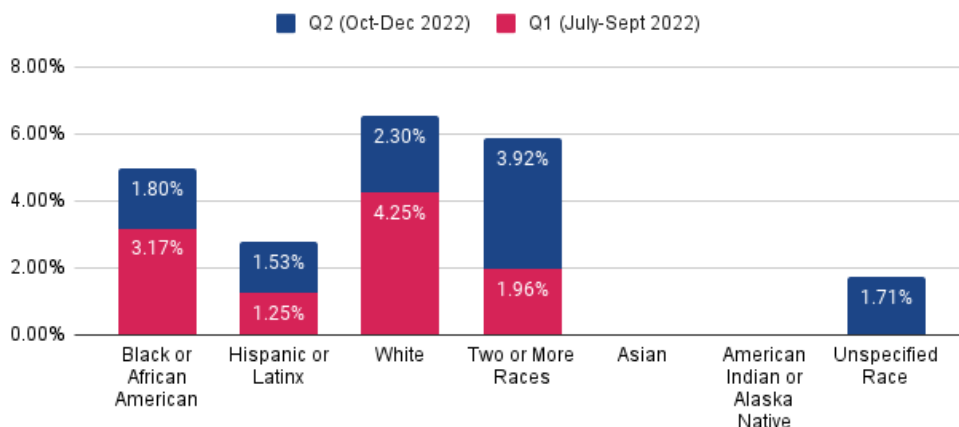
# DEI by the Numbers: Employee Turnover

We are happy to report that our employee turnover has been on a steady decline since the beginning of FY22 (July 2021). In FY23, this downward trend has continued with our turnover in Q2 (Oct - Dec 2022) hitting the lowest it has been in 18 months. It should be noted that while there was an increase in turnover in anticipation of and after the Dobbs decision (spring/summer 2022), turnover was still lower during those months than it was during the previous summer. We attribute this decrease in turnover to a cultural shift that has focused on an increase in employee voice throughout the decision making process, including centering the voices of those who hold marginalized identities and those who are most directly impacted by our decisions. Additionally, we have focused on diversifying our leadership, prioritizing time for team cohesion activities and restorative justice work, and standardizing our procedures to minimize the potential for bias and favoritism. Perhaps most importantly, we have recommitted to holding all of the people within our organization accountable for living into our values, especially those preventing progress toward equity and justice. When we look at our turnover by race, we can see that our turnover has decreased over the beginning of FY23 except for Hispanic/Latinx employees and employees who identify as "two or more races" and "unspecified." Within both of latter categories, it is important to note that the sample size is small and therefore easily influenced by fluctuations. Additionally, when we remove "two or more races," we can see that the demographics with the highest turnover are "White" and "Black or African American," which makes sense given that these are our two highest employee demographics. The slight increase in turnover among our Hispanic/Latinx staff from Q1 to Q2 warrants further investigation into our qualitative and quantitative separation data.

**PPIL Employee Turnover**  
(FY22 + FY23 Q1/Q2: July 2021 - December 2022)



**Turnover Percentage by Race**  
(FY23 Q1/Q2: July 2022 - Dec 2022)



# PPIL Demographic Data Analysis

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## A Note on the Data

On the following pages, you will find the demographic information for PPIL's patients, staff, and board in terms of race/ethnicity and gender identity. This data was provided by PPFA (Planned Parenthood Federation of America) and the most recent available data is from 2021. It is important to note that until 2021, PPFA gender identity data was only broken down into male and female, which we acknowledge is deeply problematic, and led to the erasure of transgender and non-binary folks. It should also be noted that the racial identity and gender identity data presented here are based on self-reporting by patients, staff, and board members and there is no data available for those who have chosen not to disclose. Income data is based on the federal poverty line (i.e. "under 100% of FPL" means patients whose income falls below the federal poverty line).

## Patients

In general terms, our patient demographic information shows that the vast majority of our patients are cis-gender women, between the ages of 15-39, who fall below the federal poverty line, and identify as either White, Latinx, or Black. These demographics speak to our historical commitment to provide high-quality healthcare to people who identify as women of reproductive age, especially those who have been denied services due to discrimination or cost. As an organization, we believe in the moral imperative to expand access to care for folks across the gender spectrum, so we continue to seek out ways to expand our services to folks who identify as transgender and/or non-binary (through efforts such as offering gender-affirming hormone therapy or GAHT) and we continue to diversify our client base through our outreach efforts to racial and gender minority populations across the state.

## Board

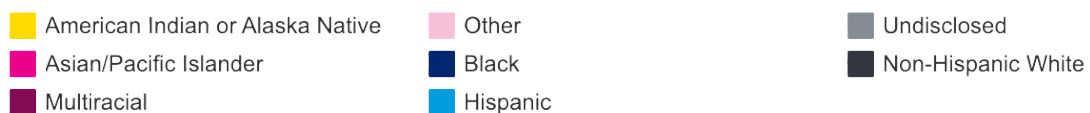
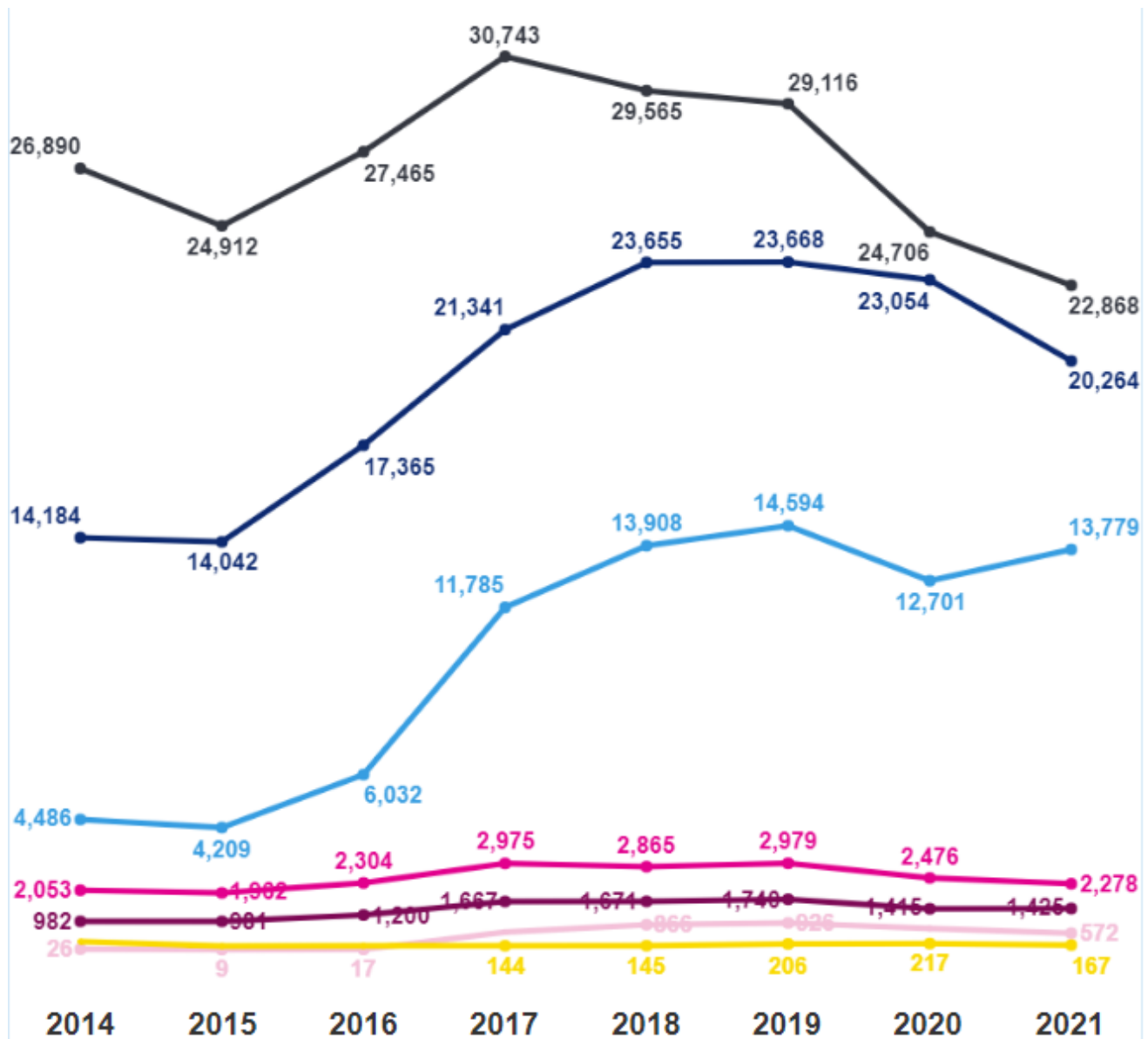
In 2021, our board had a significant overrepresentation of White-identifying people as compared to both patients and staff (64% vs. 37% and 41% respectively). The board also had a slight underrepresentation of Black-identifying people as compared to our patients (25% vs. 33%), as well as a significant underrepresentation of Hispanic/Latinx-identifying people as compared to both patients and staff (3.6% vs. 22% and 27% respectively). Our board also shows an overrepresentation of cisgender women as compared to our patients and staff (93% vs. 87% and 84% respectively). Both our PPIL and PPIA boards are committed to diversifying their ranks through a DEI action plan that includes targeted recruitment efforts, ongoing DEI education for board members, and a committed and active PPIL/PPIA-combined DEI Committee.

## Staff

In 2021, our staff also had a slight underrepresentation of Black-identifying people as compared to patients (23% vs. 33%). Both our White and Hispanic/Latinx staff populations are slightly overrepresented as compared to our patient populations (41% vs. 37% for White and 27% vs. 22% for Hispanic/Latinx respectively). Additionally, a role analysis showed an underrepresentation of non-White identifying people in executive leadership and management vs. patient-facing staff. For example, while White-identifying people make up 36% of our staff, they make up 45% of our executive leadership and management. Staff and patient gender identity is relatively aligned; however, because the available gender identity data is primarily binary, a role analysis between patient-facing and executive/management staff did not yield useful results. Our talent team is committed to ensuring that our staff demographics reflect our patient demographics, which we are actualizing through infusing equitable practices throughout the hiring process - from thoughtful sourcing, to interview rubrics that investigate cultural competency levels, to ensuring diverse interview panels for every position opening. And together with our HR, OD, and DEI teams, we continue to build an inclusive culture that helps to retain our staff, especially those who hold marginalized identities.

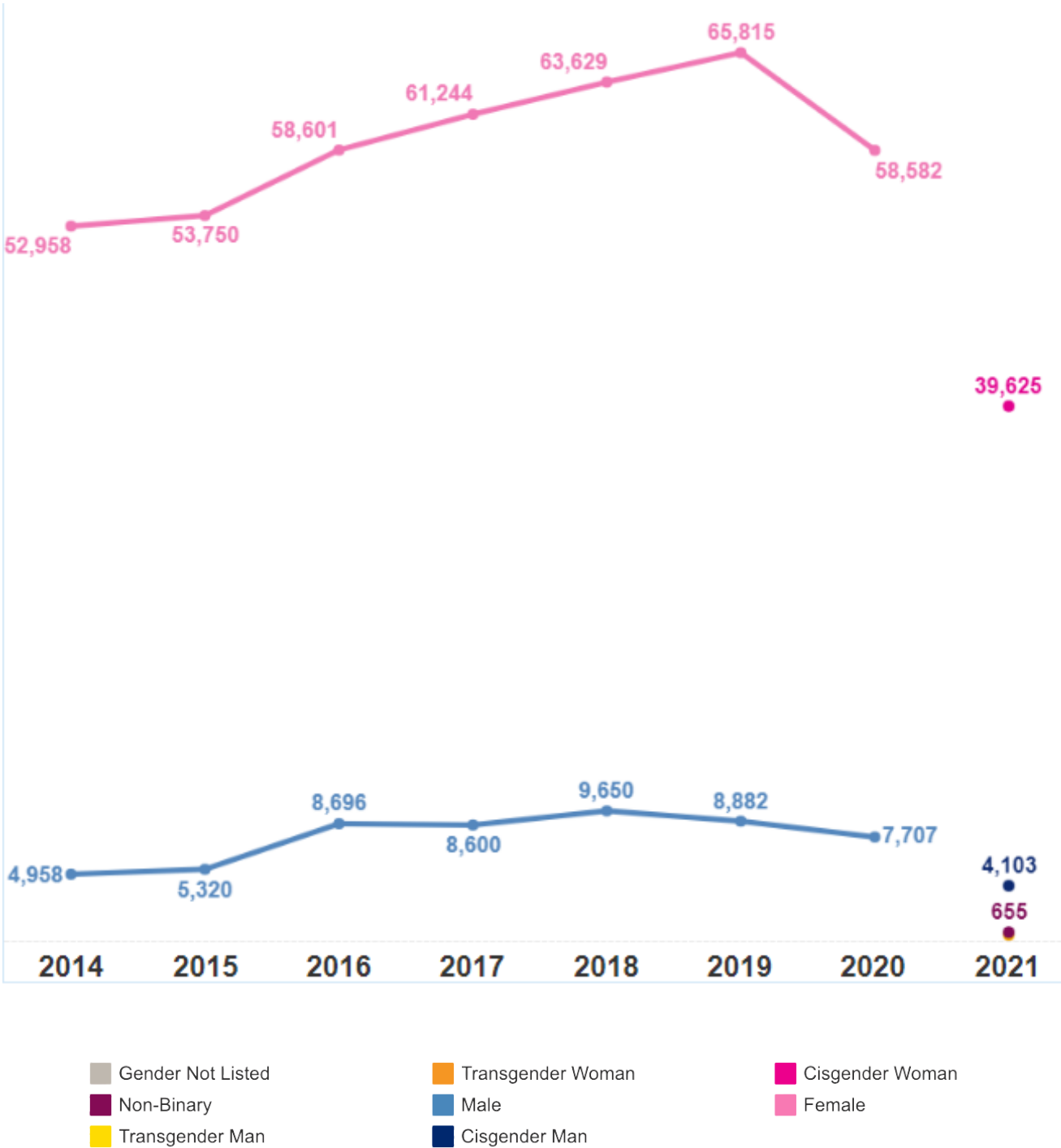
## PPIL Demographic Data - Patients

### Patient Volume: Race and Ethnicity



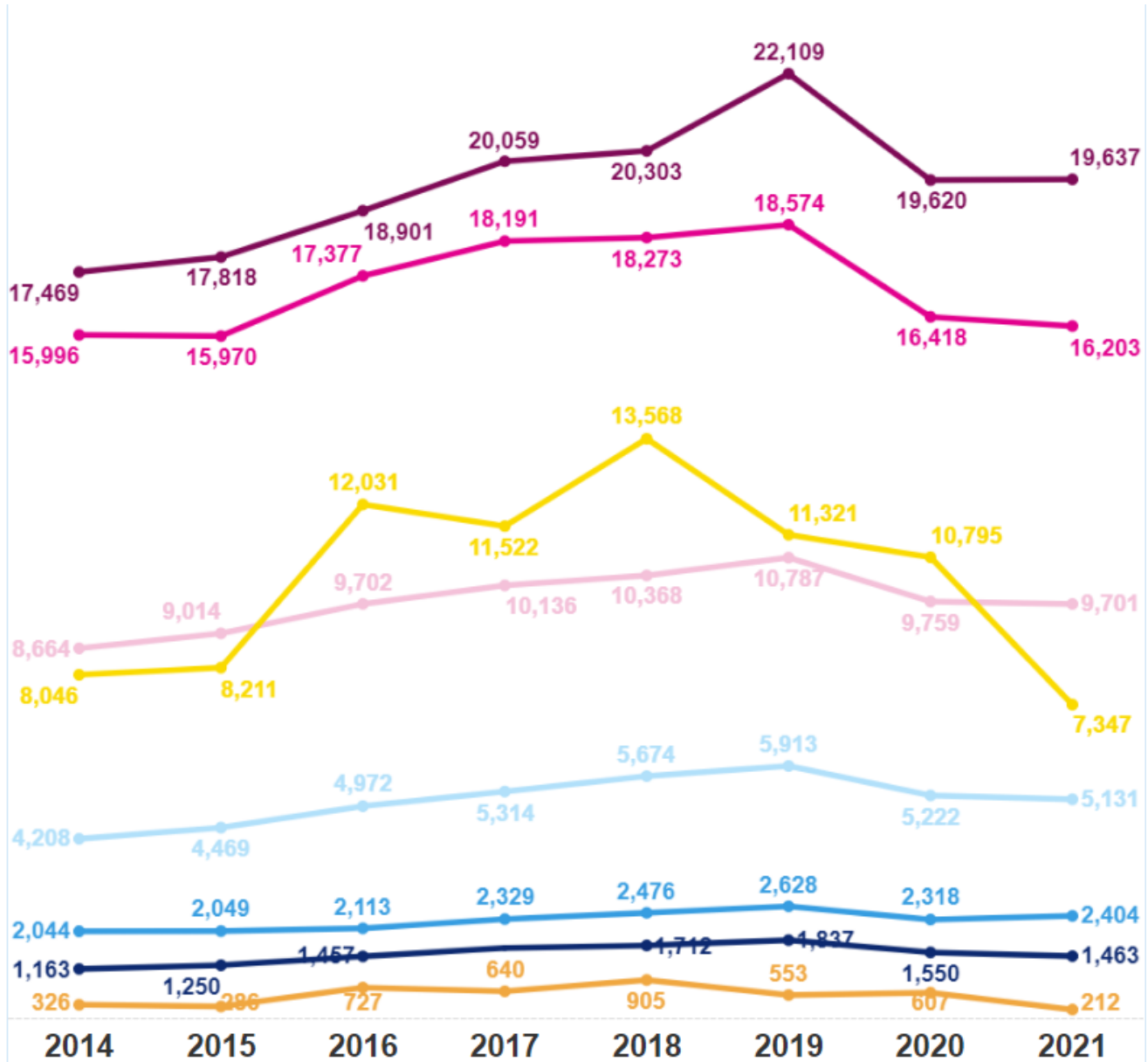
# PPIL Demographic Data - Patients

## Patient Volume: Gender Identity



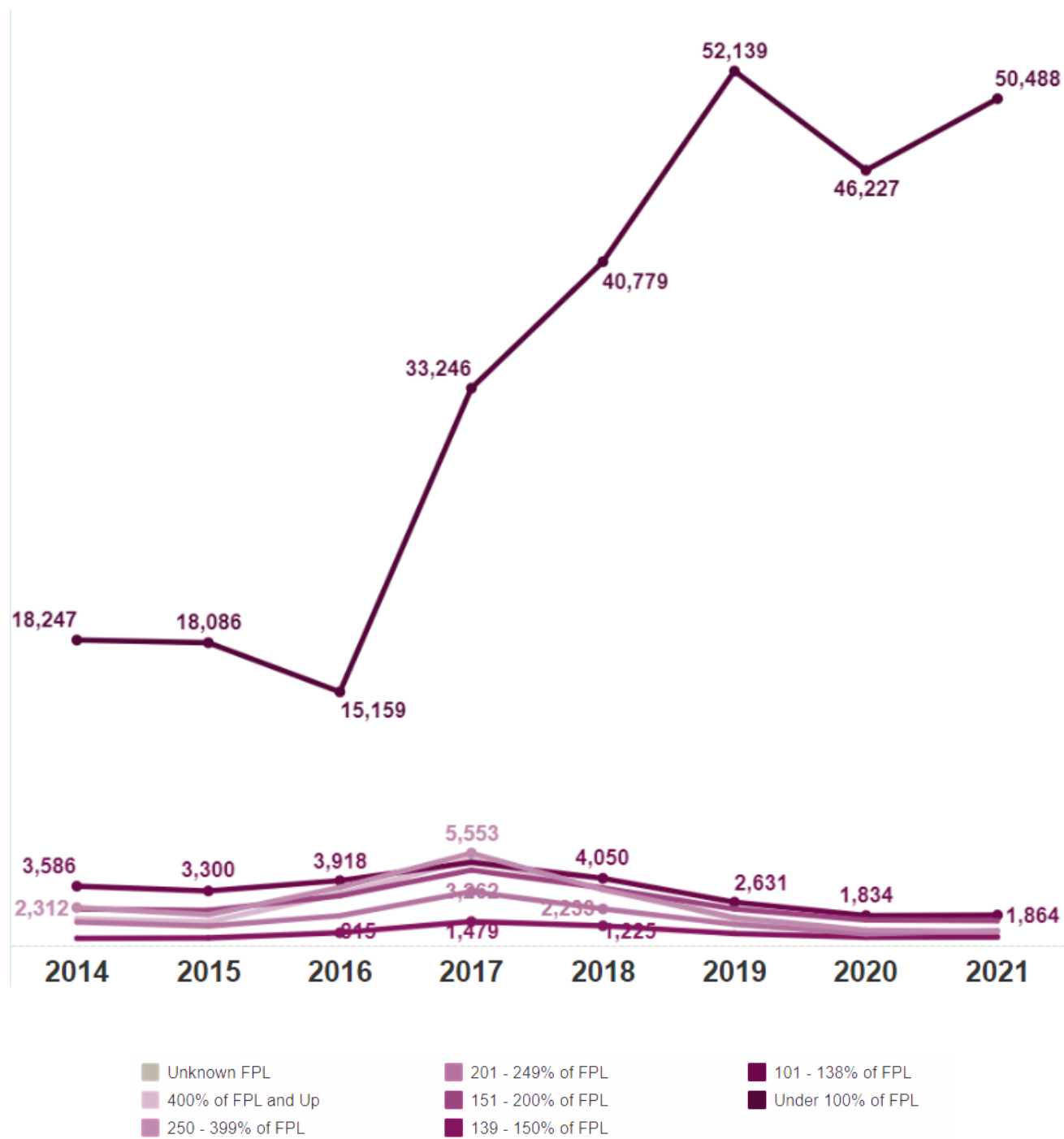
## PPIL Demographic Data - Patients

### Patient Volume: Age



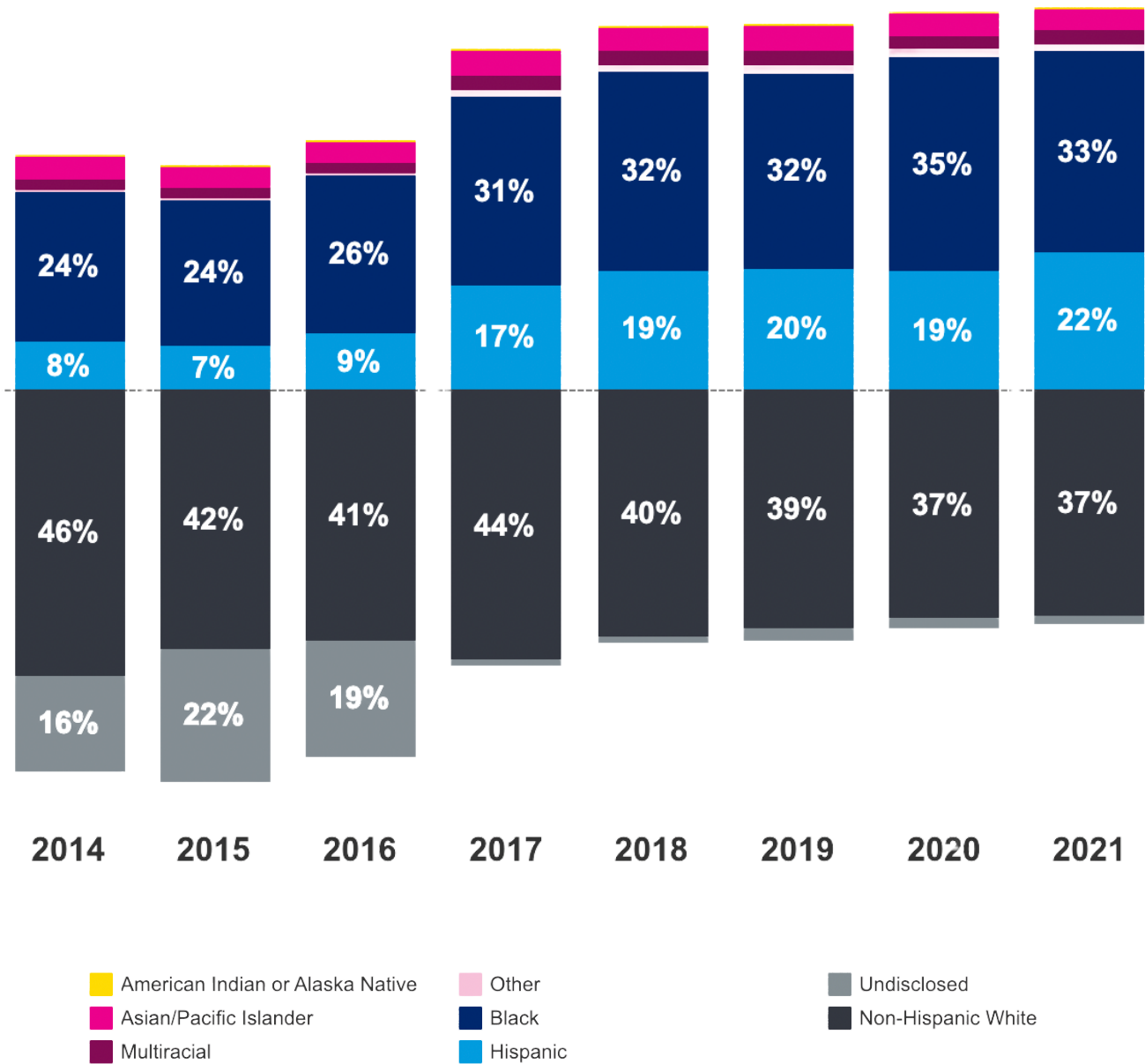
# PPIL Demographic Data - Patients

## Patient Volume: Income



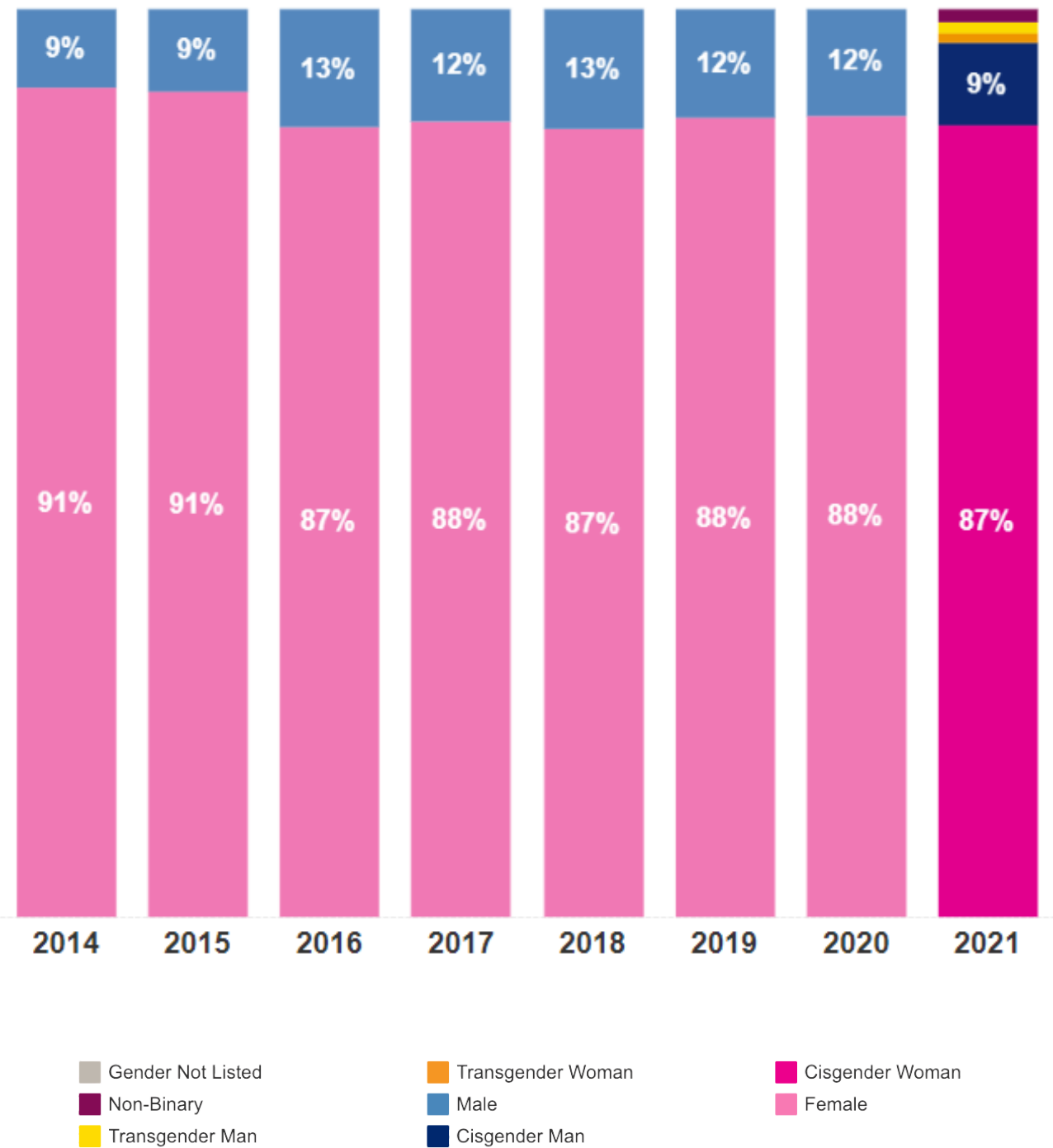
# PPIL Demographic Data - Patients

## Patient Make-Up: Race and Ethnicity



# PPIL Demographic Data - Patients

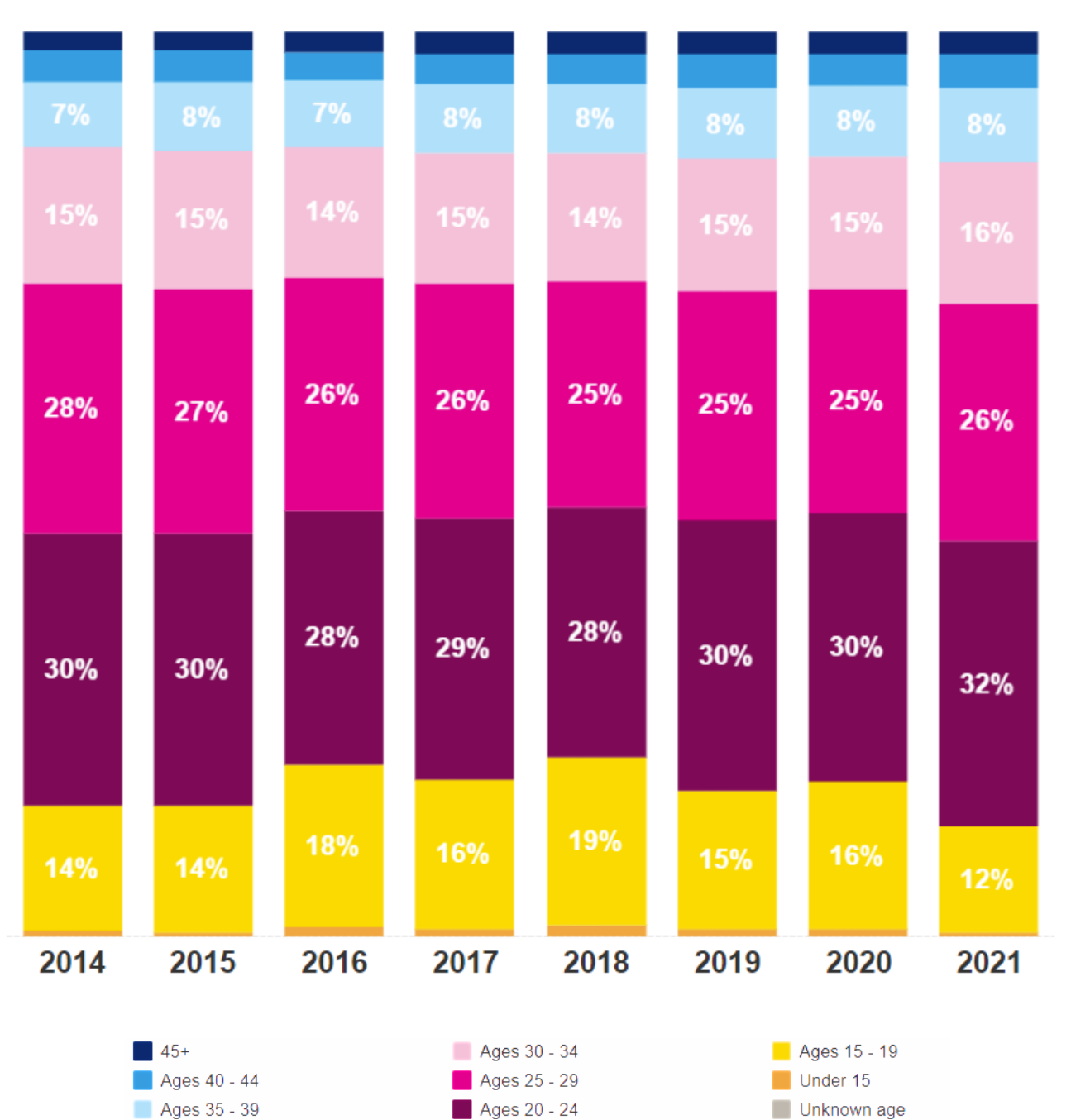
## Patient Make-Up: Gender Identity





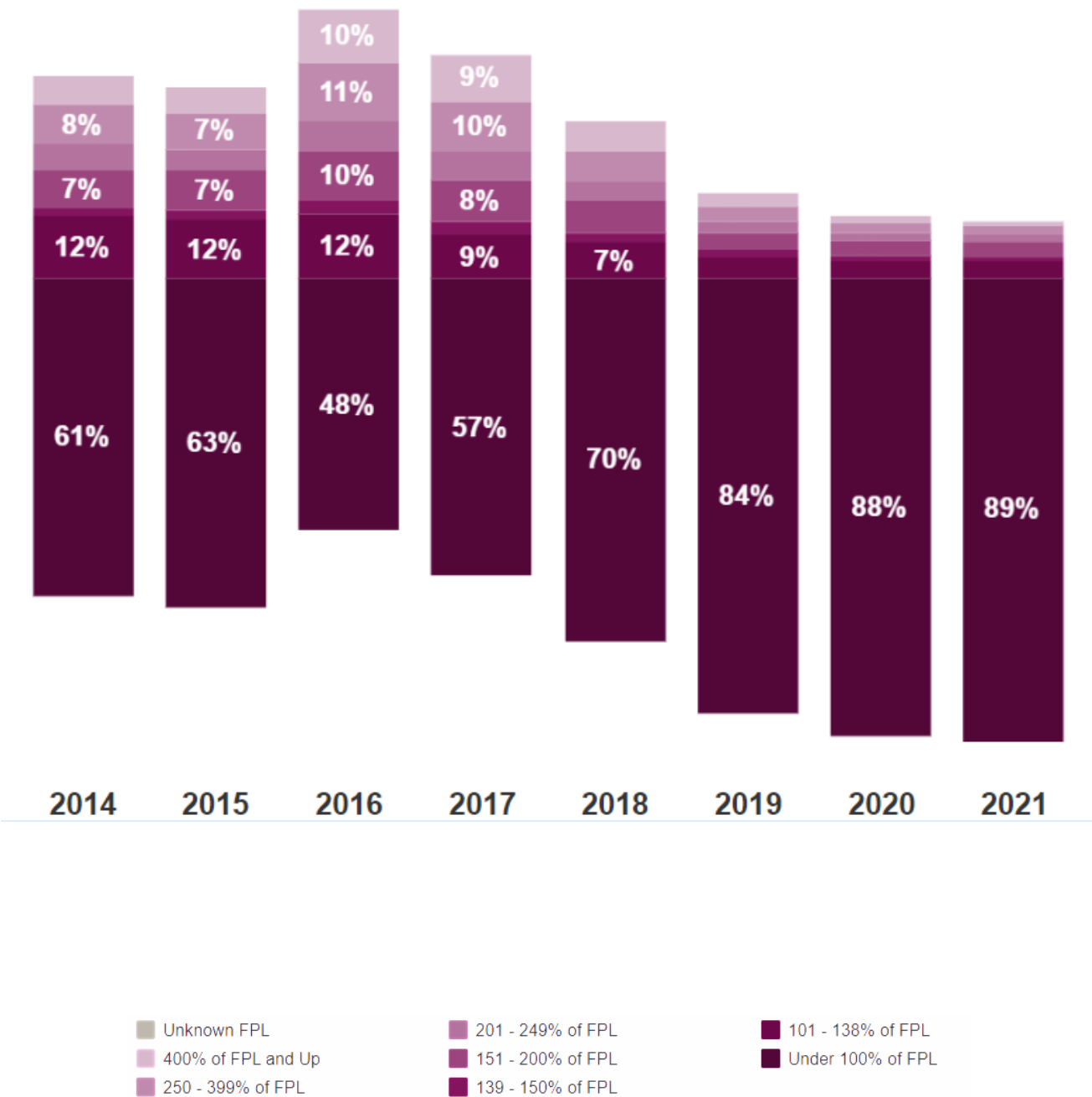
# PPIL Demographic Data - Patients

## Patient Make-Up: Age



# PPIL Demographic Data - Patients

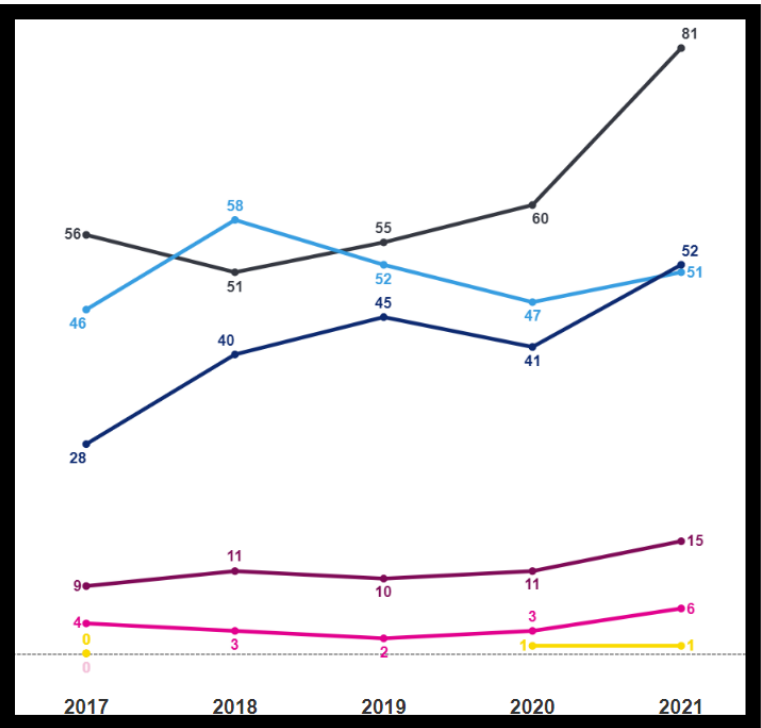
## Patient Make-Up: Income



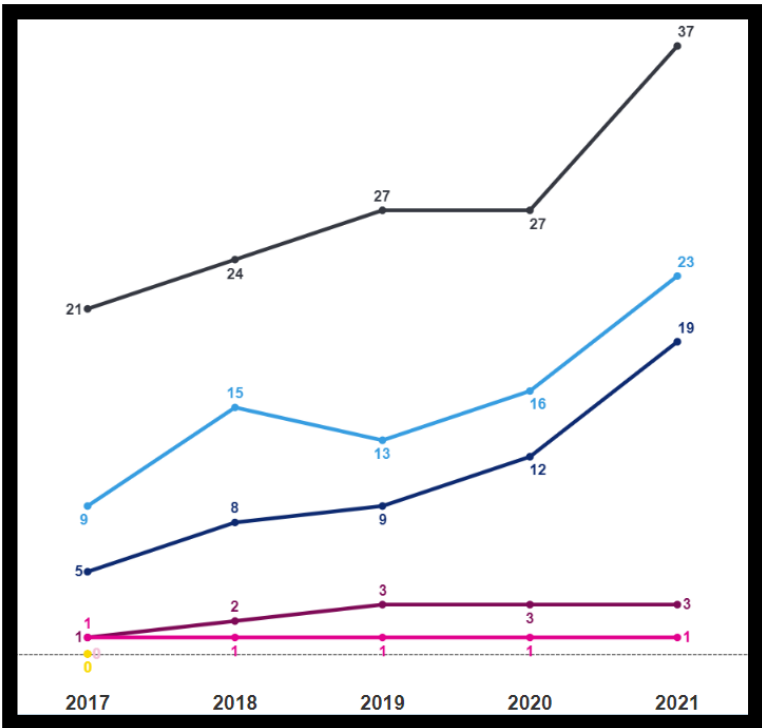
# PPIL Demographic Data - Staff

## Staff Volume: Race and Ethnicity Patient Facing vs. Executives/Management

Patient Facing



Executives and Management

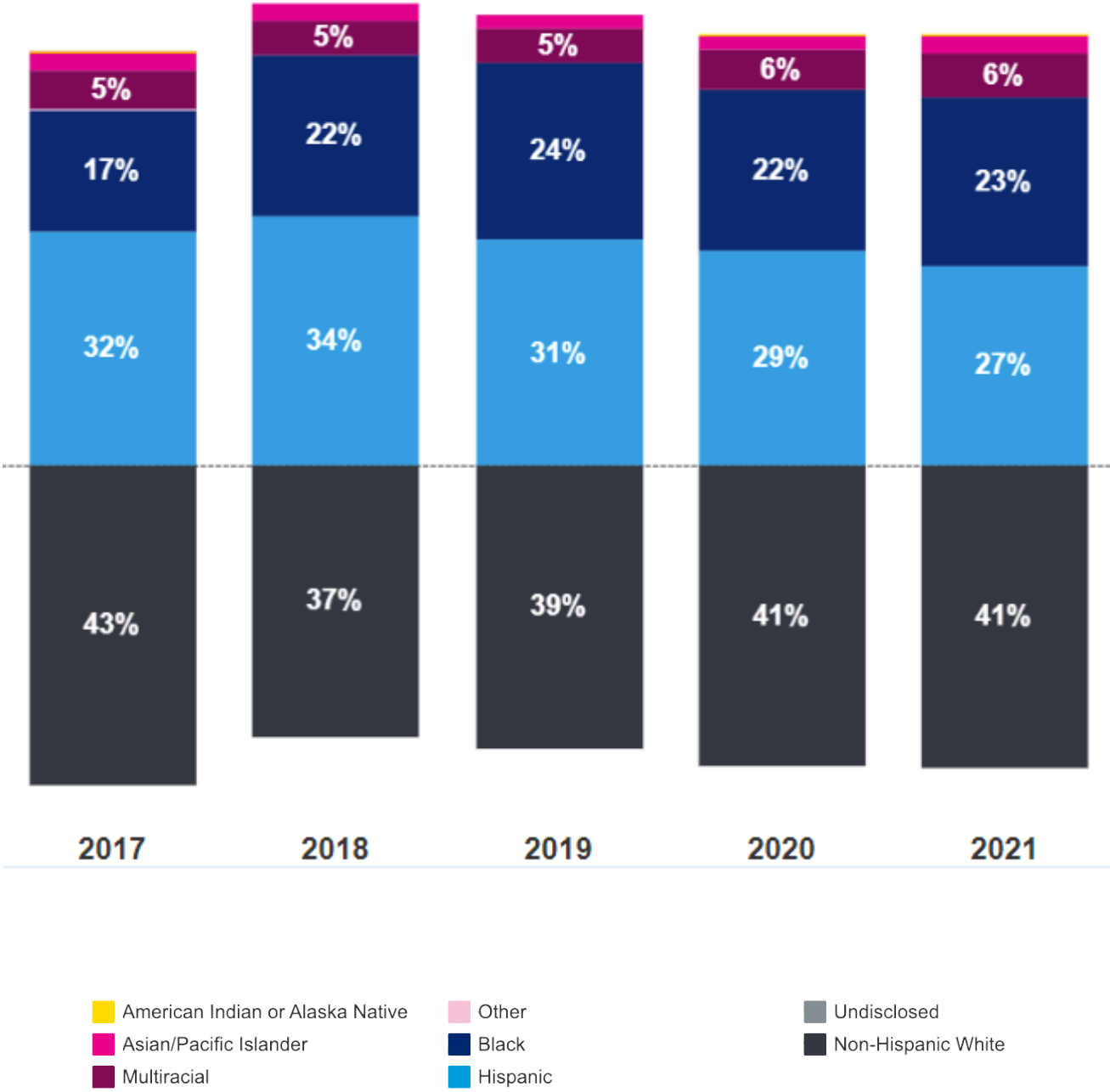


American Indian or Alaska Native  
Asian/Pacific Islander  
Multiracial  
Other  
Black  
Hispanic

Undisclosed  
Non-Hispanic White

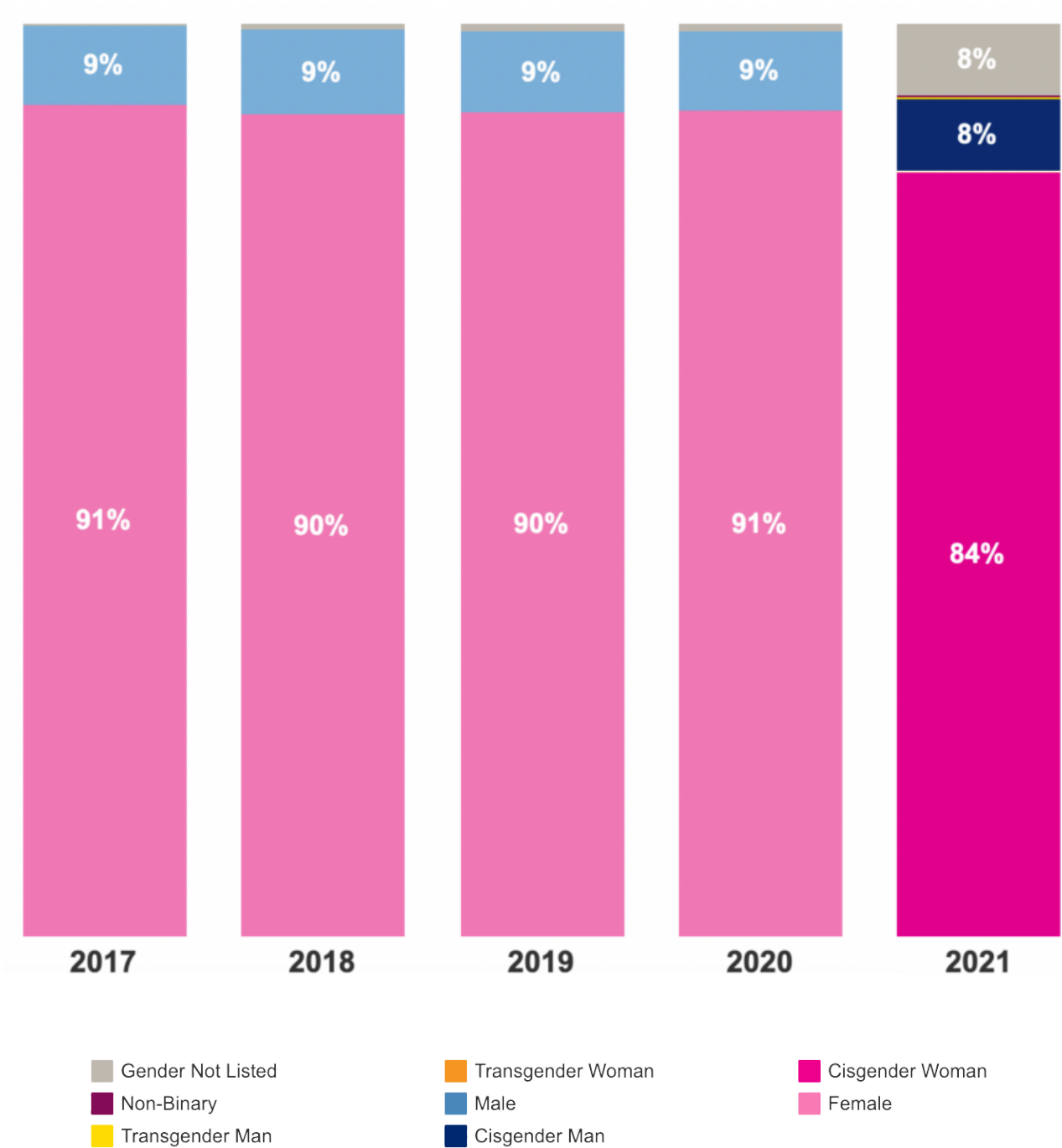
# PPIL Demographic Data - Staff

## Staff Make-Up: Race and Ethnicity



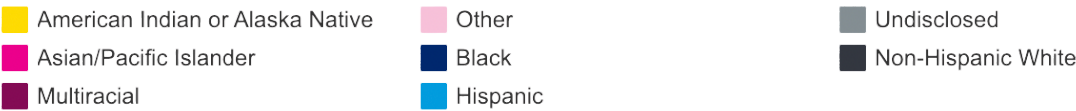
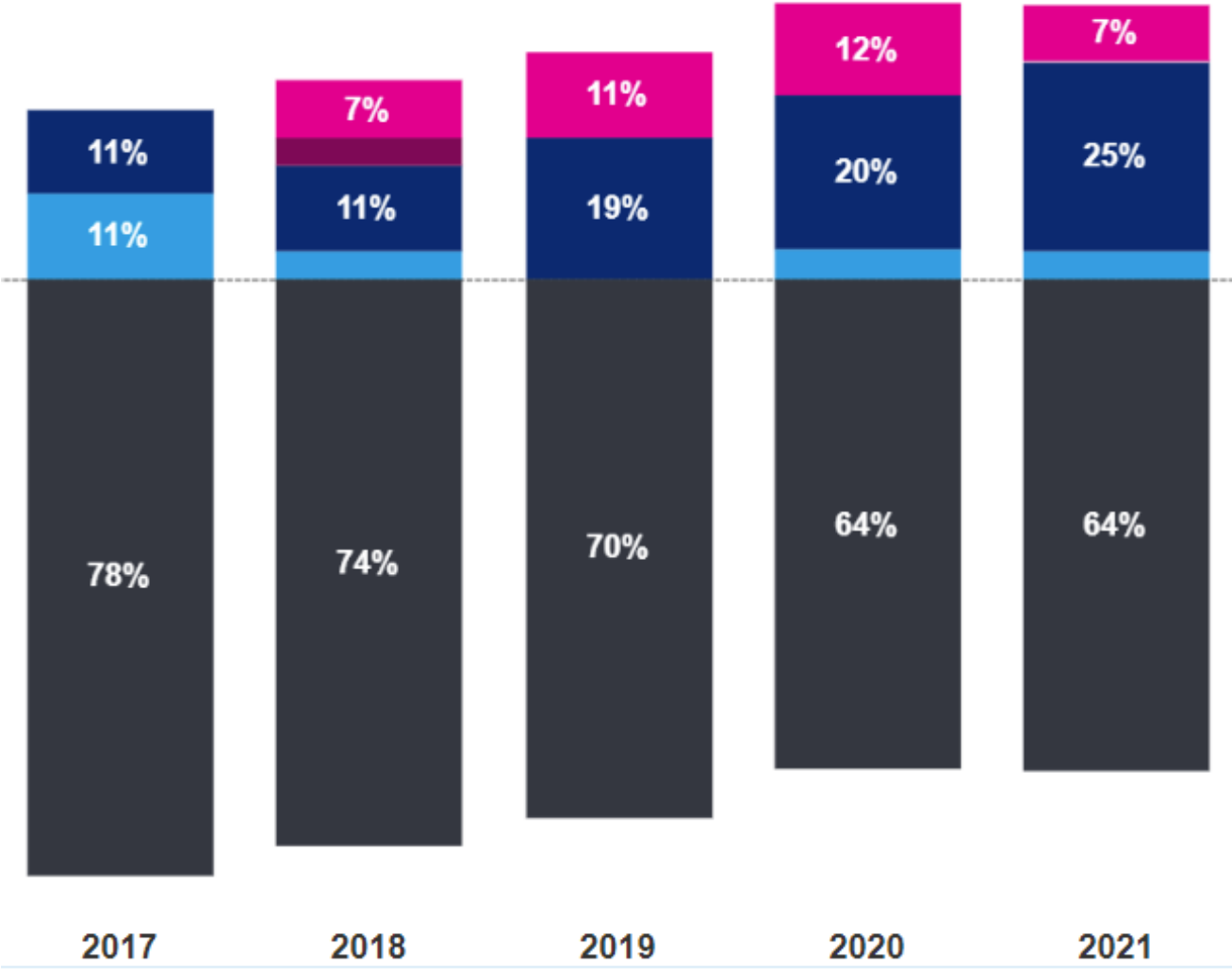
# PPIL Demographic Data - Staff

## Staff Make-Up: Gender Identity



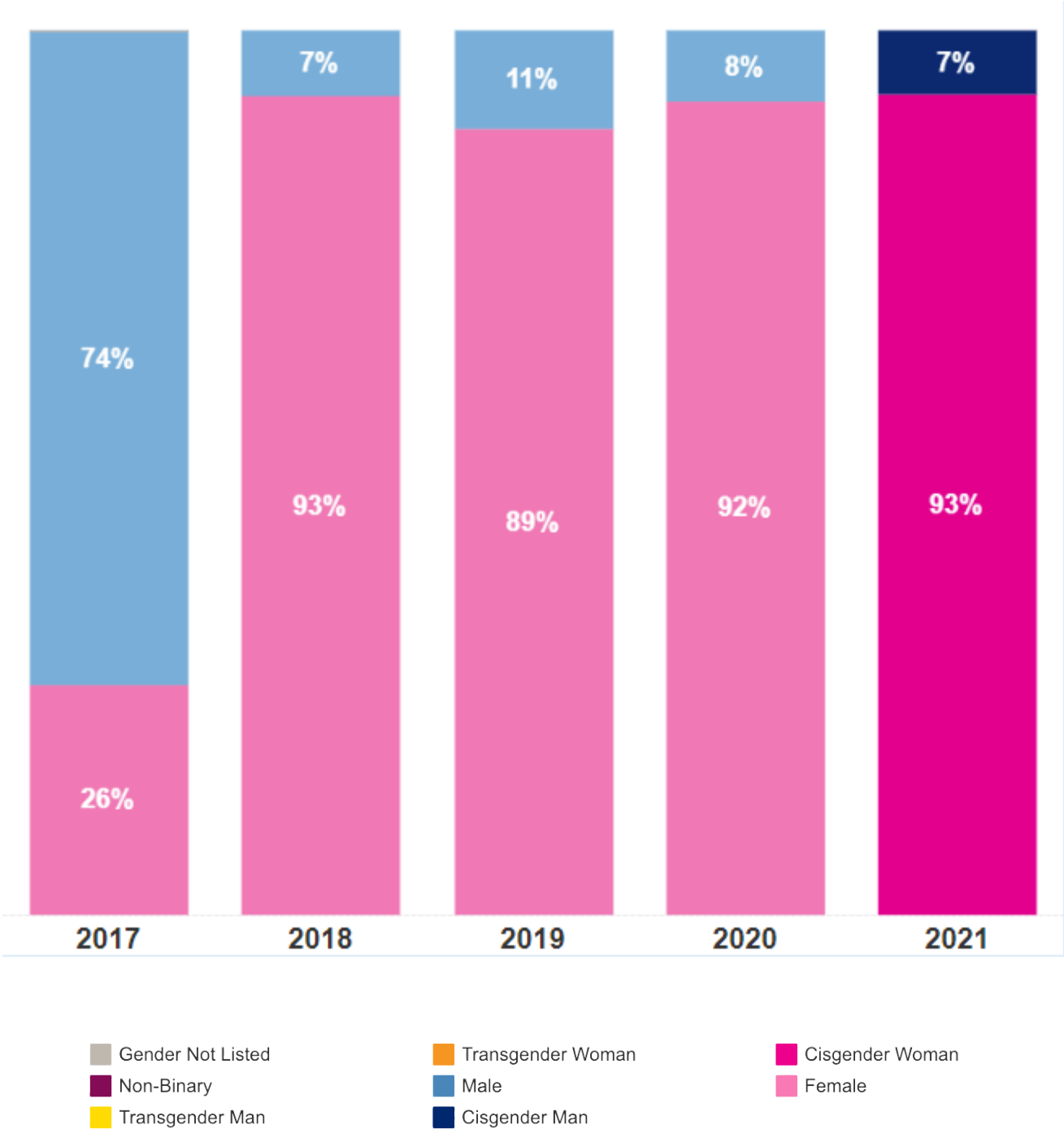
# PPIL Demographic Data - Board

## Board Make-Up: Race and Ethnicity



# PPIL Demographic Data - Board

## Board Make-Up: Gender Identity



# PPIL Experience Data Analysis

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## A Note on the Data

On the following pages, you will find experience data from our patients and our staff. Our patient experience data is based on the optional Press Ganey survey our patients are offered after their appointment with us. The data shown is broken down by month for all of 2022. This survey is completely voluntary and generally, we have a completion rate that hovers around 10%, so it can be hard to glean accurate trends given the relatively low sample size. Similarly, our staff survey is also voluntary and our most recent "pulse survey" (given in Spring 2023) had a 43% completion rate. Because of this, the following data does not give us a full picture of our patient or staff experience. It should also be noted that the racial identity and gender identity data presented here are based on self-reporting by patients and staff. There is no data available for those who have chosen not to disclose. Data here was disaggregated based on race and gender identity, specifically the most common racial and gender identities reported by our patients and staff. The disaggregated data is not exhaustive of all racial and gender identities represented amongst our patient and staff groups.

## Patients

The graphs included focus specifically on whether our patients would recommend Planned Parenthood to a friend or family member. Thankfully, we hover around 90% for this question, meaning the vast majority of our patients would recommend our health centers! Even when we disaggregated these results for race and gender identity, the results generally remained clustered, which shows that the disparity between identities is relatively small. However, although the differences are small, there are consistent disparities in regards to race, which is discussed in greater detail on page 25. There are currently no consistent disparity trends over time in regards to gender identity. Also, while our recommendation rating does generally hover around 90%, there are a few notable outliers in 2022 whose ratings are below average, such as in November, where the average "likelihood to recommend" rating dropped to 75% for Black/African American patients. Similarly, there are a couple of outliers in terms of gender identity - namely January and October. In January, the likelihood to recommend rating dropped to 67% for patients who identify as transgender, and it dropped to 67% in October for patients who identify as non-binary/gender non-conforming. It is important to note that the sample size in all three outlier subgroups was less than five (5) patients; however, even five dissatisfied patients is five too many! These outliers require additional analysis to determine the source of dissatisfaction and to identify potential interventions. It should be noted that patient satisfaction scores dipped across the board in November as patient schedules were reduced to accommodate our transition to a new electronic medical record system (EPIC).

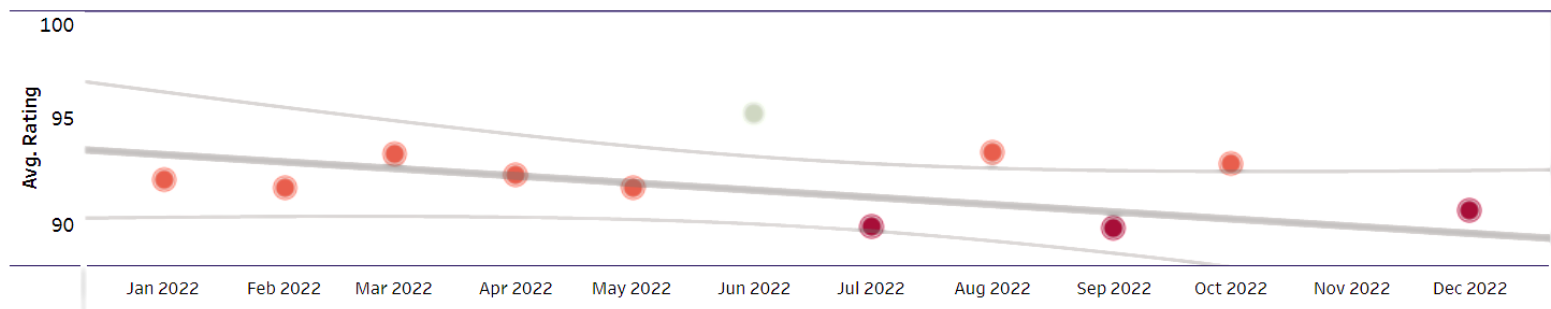
## Staff

The data gathered from PPIL's Micro-Pulse Survey (conducted in March/April 2023) reflect significant findings within 1) the overall aggregate data 2) racial identity (BIPOC vs. White staff) 3) gender identity, and 4) patient-facing roles vs. admin roles. The data shows that about 60% of PPIL staff report experiencing burnout, but 75% of staff report feeling satisfied with their current job. And, an overwhelming 87% of staff reported that conversations about social change and DEI are encouraged at PPIL! The disaggregated data shows that White staff report feeling more supported by their managers than BIPOC staff, and BIPOC staff report facing more bias while at work. In terms of gender identity, cisgender staff reported feeling more comfortable at work (as compared to transgender and gender non-conforming (TGNC) staff) and, like BIPOC staff, TGNC staff reported experiencing more bias in the workplace. It should also be noted that TGNC staff reported having less confidence in PPIL's handling of incidents of bias and harassment than their cisgender counterparts. There is also a notable difference in experience when comparing patient-facing staff to administrative staff. Patient-facing staff reported higher levels of burnout, a decreased ability to effectively balance their personal and professional lives, and reported less satisfaction with their current job. This data gives us important information that can be utilized in decision-making to make sure all staff are supported, cared for, and empowered.

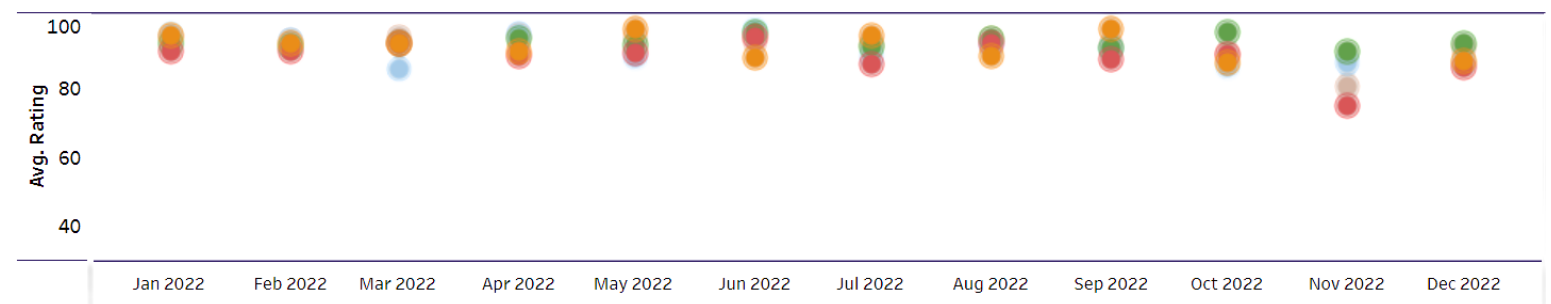


# PPIL Experience Data - Patients

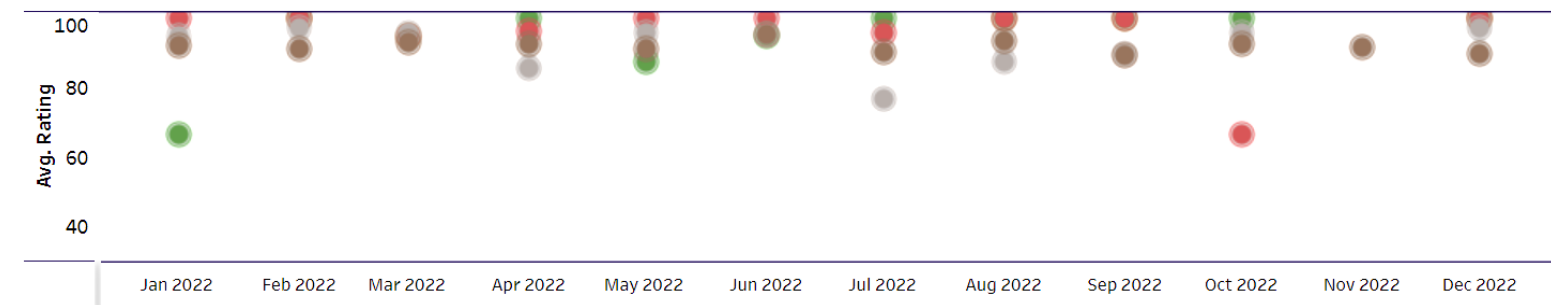
Average Score of All Patients (Monthly)



Average Score by Race (Monthly)



Average Score by Gender (Monthly)



## Graph Legend

- Asian Pacific Islander Desi...
- Black or African American
- Hispanic/Latino
- Multiracial
- Non-Hispanic White

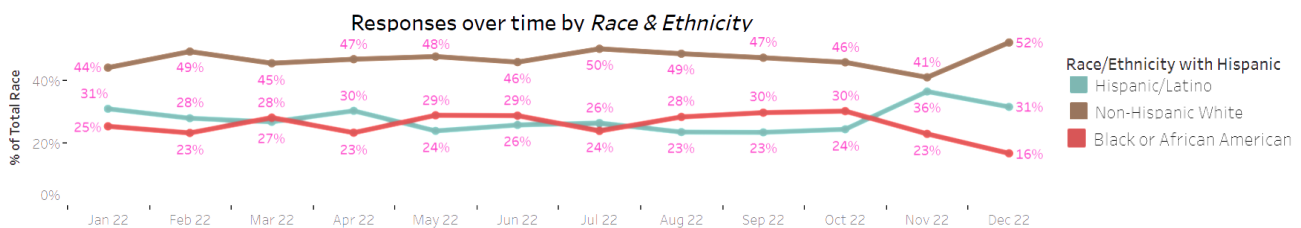
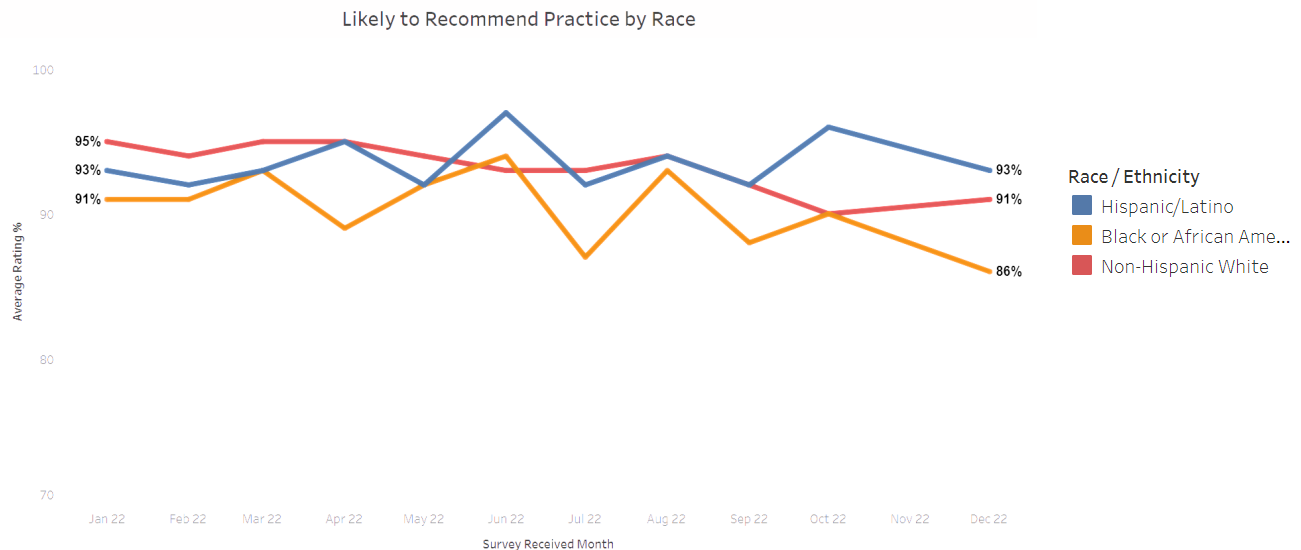
## Graph Legend

- Cis Female
- Cis Male
- Non-Binary/ Gender Non-Conf...
- Transgender

# PPIL Experience Data - Patients

## Zooming In on Racial Disparities

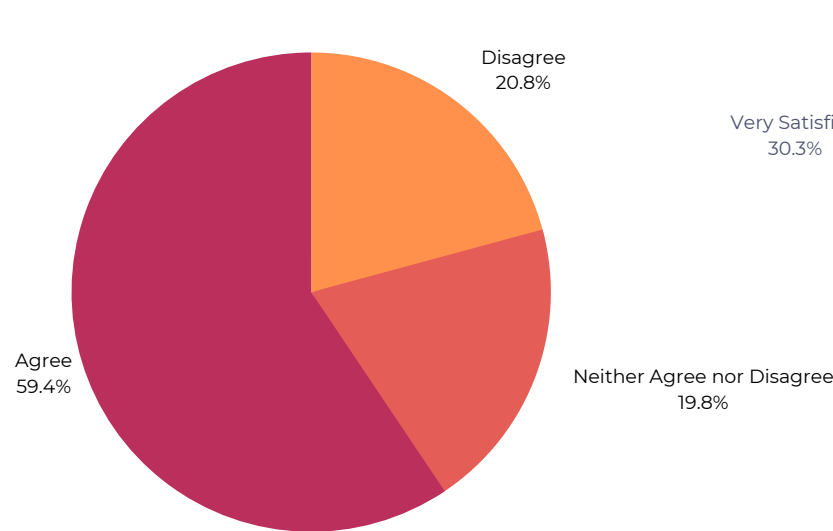
When we zoom in closely on the "likely to recommend" scores by race, we see that although the difference is small, our Black patients are consistently having worse experiences than our White and Latinx patients. We focused specifically here on these three racial categories because they encompass the majority of our patients and because we want to draw attention specifically to the experiences of our Black patients. We know we have work to do in increasing our Black patient satisfaction and the DEI team is working closely with the medical services team on this issue. Additionally, the graph below shows that we have an overrepresentation of White patients who complete the Press Ganey survey. For example, our patient demographic information indicates that on average, White identifying people make up only 37% of our patients; however, they make up 41-52% of our survey respondents. Conversely, Black identifying people make up 33% of our patients, but only make up 16-30% of survey respondents. Latinx patients are relatively well represented in the survey compared to their demographic representation. We hope to develop an outreach plan to incentivize Black patients to complete the Press Ganey survey so that we can gather more accurate data about their experiences, which will enable us to action plan in order to address the racial disparities in patient experience. Please note that our patient satisfaction data was generally lower overall in October to December because of a reduction in patient schedules and other logistical barriers during our transition to a new electronic medical record system.



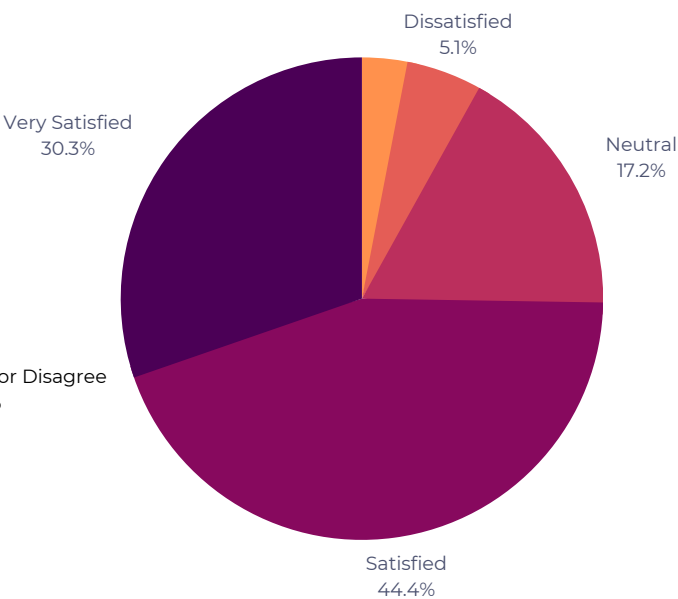
# PPIL Experience Data - Staff

## Staff Experience Data (in aggregate)

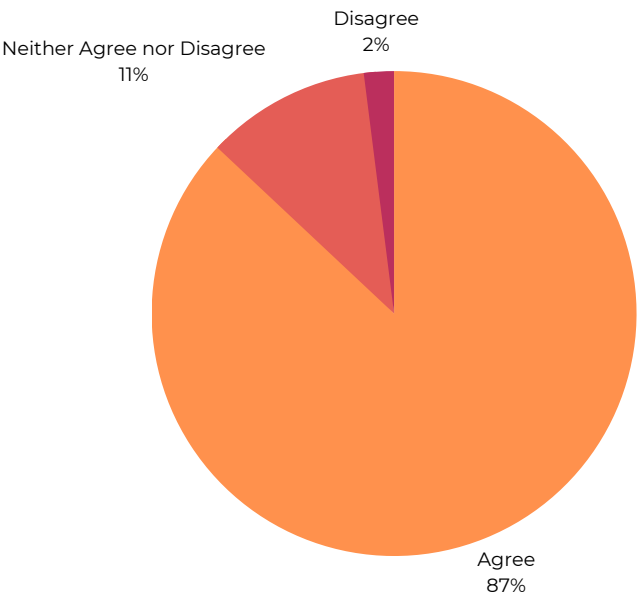
I EXPERIENCE BURNOUT FROM MY WORK.



PLEASE RATE YOUR CURRENT JOB SATISFACTION.



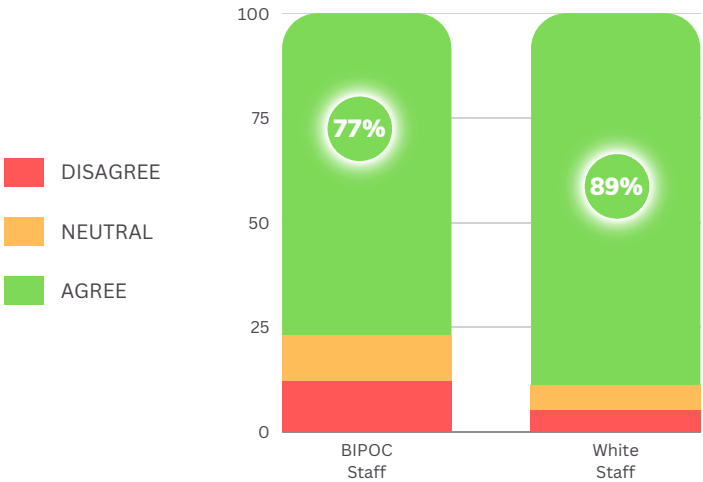
CONVERSATIONS ABOUT SOCIAL CHANGE RELATED TO DIVERSITY, EQUITY, AND INCLUSION ARE ENCOURAGED AT PPIL.



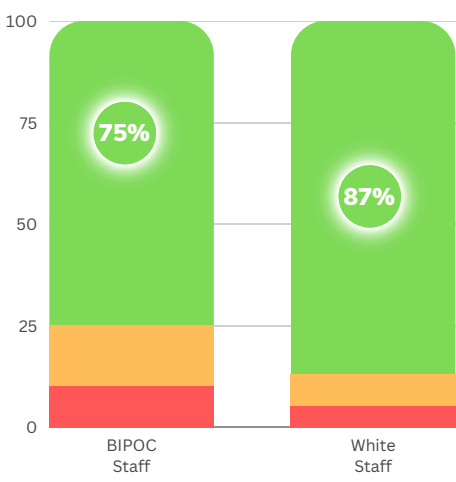
# PPIL Experience Data - Staff

## Staff Experience by Race

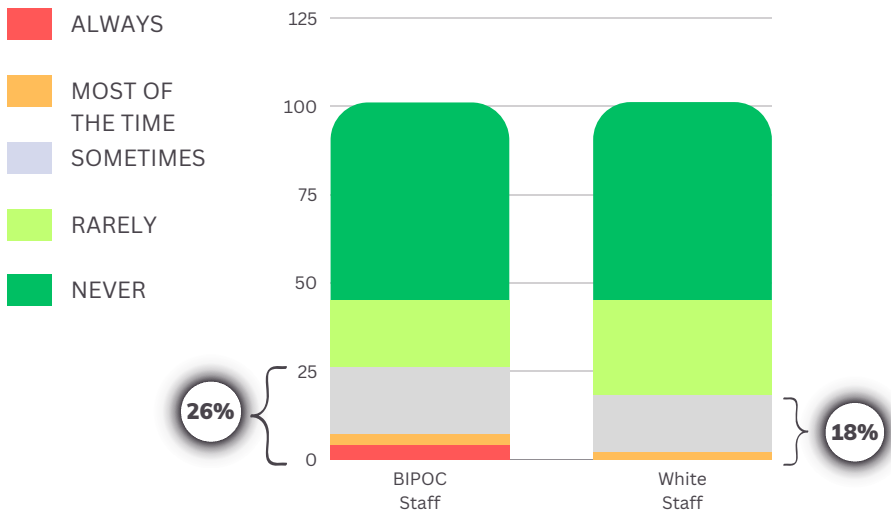
MY MANAGER WOULD SUPPORT ME IF I WERE TO SPEAK UP AND ESCALATE A CONCERN ABOUT MY TREATMENT AT WORK.



MY MANAGER CARES ABOUT MY PROFESSIONAL DEVELOPMENT AND PROVIDES MEANINGFUL FEEDBACK.



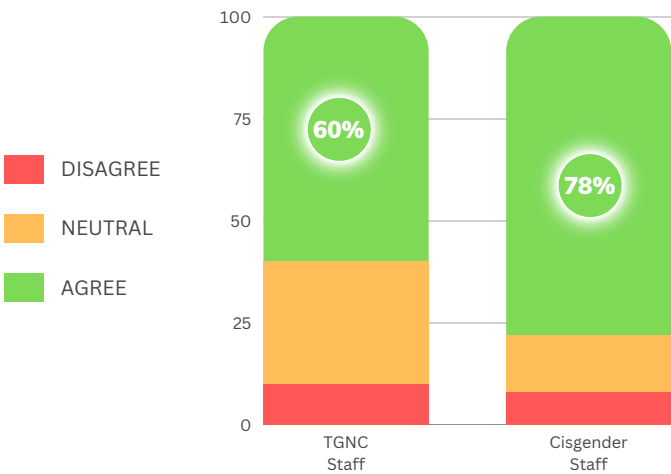
HOW OFTEN DO YOU EXPERIENCE BIAS AND/OR DISRESPECT AT PPIL BECAUSE OF ONE OR MORE OF YOUR IDENTITIES?



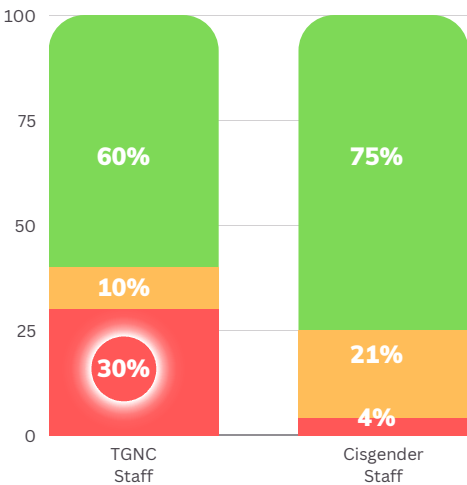
# PPIL Experience Data - Staff

## Staff Experience by Gender

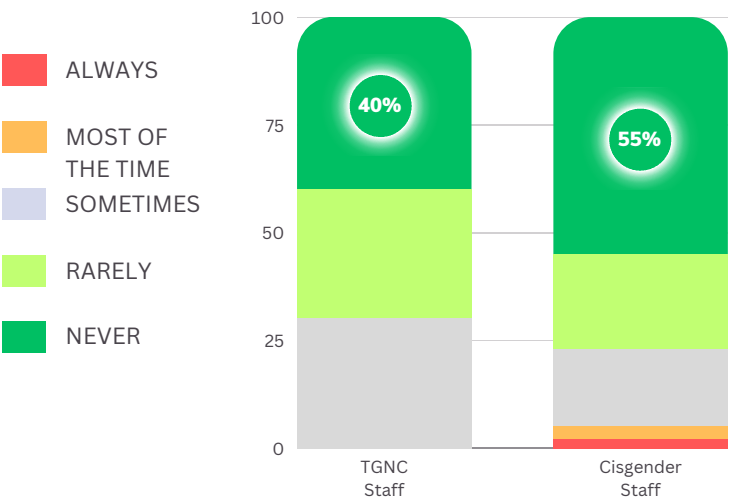
*I FEEL SAFE BEING MY AUTHENTIC SELF AT WORK.*



*PPIL TAKES REPORTS OF BIAS AND HARASSMENT VERY SERIOUSLY.*



*HOW OFTEN DO YOU EXPERIENCE BIAS AND/OR DISRESPECT AT PPIL BECAUSE OF ONE OR MORE OF YOUR IDENTITIES?*

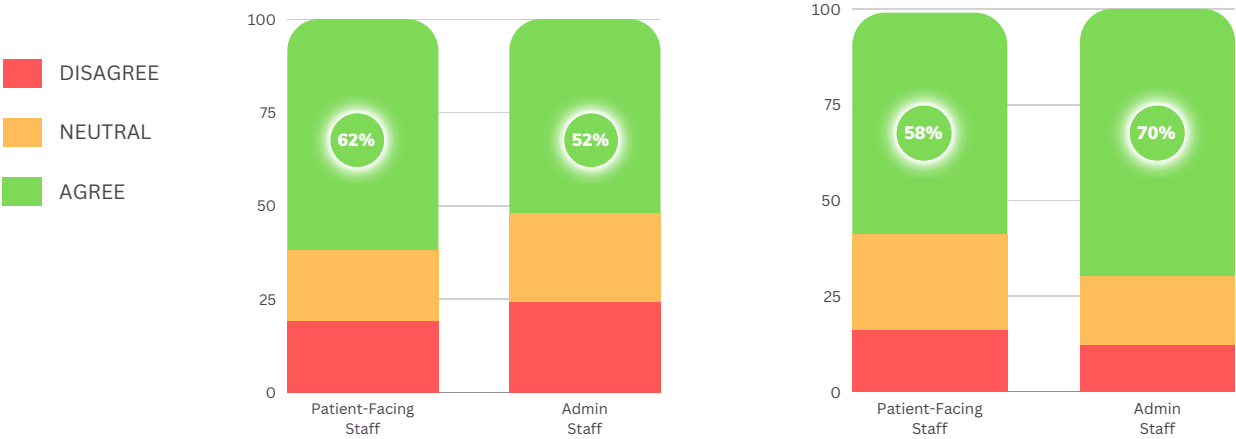


# PPIL Experience Data - Staff

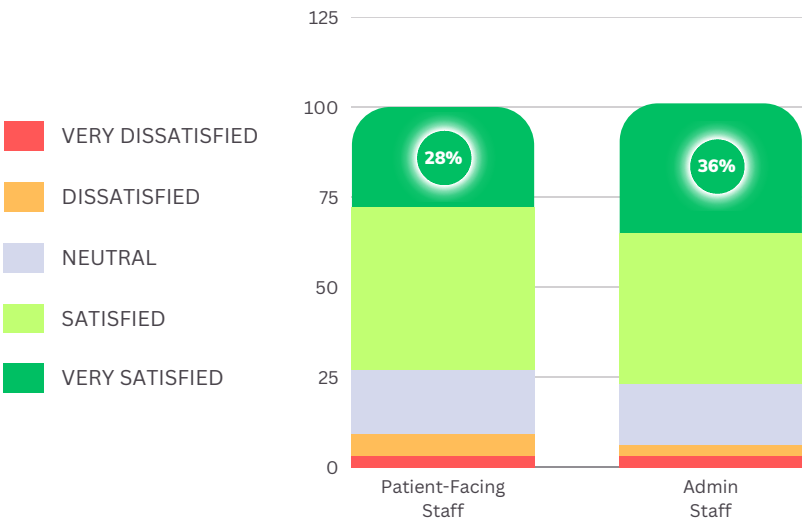
## Staff Experience: Patient Facing vs. Admin

*I EXPERIENCE BURNOUT FROM MY WORK.*

*PPIL'S WORKPLACE CULTURE AND ITS POLICIES AND PRACTICES ALLOW ME TO BALANCE MY PERSONAL AND WORK LIFE EFFECTIVELY.*



*PLEASE RATE YOUR CURRENT JOB SATISFACTION.*



# Acknowledgements

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We know that equity work thrives in organizations where the following conditions are met, and we are committed to these practices:

- There is a commitment from executive and board leadership to advance organizational equity, even when there is resistance, and even when it evokes discomfort.
- There is a "critical mass" of employees across the organization who are deeply invested in the work.
- Employees are held accountable for behaviors and practices that do not live into the organization's values, including those in power.
- Organizational leaders are transparent and restorative when seeking to rectify prior wrongs.
- There is a shared vision for the future.
- There is a well-resourced and well-staffed team of DEI practitioners to lead equity work, and the appropriate time is allocated for their work to happen throughout the entire affiliate.
- Flexibility, change, and innovation are encouraged and continuous learning is mandatory.
- Utilizing the tenets of Critical Race Theory and naming White supremacy are normal practice.
- There are clear DEI strategic goals at every level of the organization, and for every department, that are measurable and reportable.
- Data is transparent and widely shared, and feedback regarding the work environment from a DEI perspective is solicited often. These data are used to guide decision-making and to evaluate systemic change efforts.

*We are grateful for the support of our Board of Directors and our CEO, Jennifer Welch, for their commitment to actualizing a more equitable and just organization. And, we could not do this work without our Chief People, Equity, and Culture Officer, Crystal Braboy, and our entire DEI team.*

## Contact

Planned Parenthood of Illinois  
DEI Team  
17 N State St  
Suite 500  
Chicago, IL 60602  
[dei@ppil.org](mailto:dei@ppil.org)