INSIDE

4 | Letter from the Founder
7 | Mission Vision Divisions Organizational Strategies
8 | Social Reach/Community Reach
10 | Introduction

Positive Youth Development Division
12 | Zach’s Story
14 | About the Division
15 | Believe in Youth- Louisiana (BY-LA)
16 | Creating a Future Together (CRaFT)
17 | Louisiana Youth for Truth (LYFT)

Community Resilience, Well-Being & Mental Health Division
18 | Brittany’s Story
20 | About the Division
21 | Collective for Healthy Communities (CHC)
22 | Wellness Evaluation-Community Action Network! (WE-CAN!)

STI/HIV Prevention Division
24 | Gabrielle’s Story
26 | About the Division
27 | HIV Testing & Prevention (HTP)
28 | 2017 Board
31 | 2017 Staff
32 | Financials
33 | Functional Expenses
2017 was indeed a challenging year. A challenge to the moral fabric of whom we were as Americans. Out of many are we one? Or, are we divided?
Our staff began to notice the increasing level of fear in the youth that we served after the 2017 elections. Many Latinx youth reported fear of deportation; Black youth reported fears of being re-enslaved and victimized; and LGBTQ youth reported harassment based on their sexual orientation or gender identity/expression. A few of these youth reported suicidal ideation. There was no way we could sit back and not take action, and this compulsion to affect change was a metaphor for our entire year throughout the organization.

IWES was very fortunate to receive funding through the Open Society Foundation’s rapid response 6-month grant, Communities Against Hate. As was stated by the program officer Nancy Younan, “We have been heartened by the outpouring of ideas from community organizations all over the country who are determined to stand up in the face of hatred and bullying and empower the most vulnerable among us. We are proud to support the Institute in this vital work—so desperately needed in the current climate—and believe in their commitment and capability to make a real difference for children and educators, and in communities that need them most.”

IWES then set out to: 1) Conduct acute evaluation and response mental health services to youth in crisis; 2) train schools on restorative justice and psychological first aid practices to increase their capacity to be first line responders capable of diffusing racial/ethnic/cultural conflicts amongst youth; 3) collect hate incidence data to contribute to the national registry; and, 4) conduct a city-wide public will campaign to harness more compassionate attitudes towards youth and their families. During this period we screened over 500 youth; hosted a Wellness Red tent at a local school to celebrate the ethnic diversity amongst their student body (African American, Vietnamese and Latinx); and, conducted Community Conversations on topics such as immigration and affordable housing. And in true IWES spirit, we displayed billboards reflecting the value of diversity and tolerance through #WeThe504, a part of our In That Number public will campaign.

It was also during 2017 that the controversy regarding the removal of Confederate statues in the city emerged. Thanks to the efforts of community leaders Michael “Ques” Moore, Angela Kinlaw and Malcolm Suber who built upon years of grassroots work and started the Take ‘Em Down NOLA movement, and the then Mayor who directed the removal, they were taken down; but not without strong opposition from white supremacist defenders who argued that these monuments represented a significant part of their history. To understand the issue further and see how we could contribute to the conversation and wellness of folks negatively impacted by the statues’ existence, we conducted several focus groups to gain perspectives from youth and their families about the meaning of these disruptions and what they would like to see in their place.

If I could sum up our accomplishments in a sentence, I would argue that as a staff we felt proud that we were able to assert and reaffirm our values of compassion and love for all of humanity. It was amazing and humbling for us to learn that the majority of our city also felt the same. Sometimes it is in hardship and chaos that the goodness of our hearts finds the lotus budding in the mud.

Namaste

Denese Shervington

Dr. Denese Shervington
Founder/CEO
MISSION
IWES is dedicated to improving the mental, physical and spiritual health and quality of life of women, their families and communities of color, particularly among marginalized populations, using community-engaged research, programs, training, and advocacy.

VISION
IWES envisions a world wherein all people can live, create environments and communities where health and wellness are valued and promoted so as to enhance quality of life.

DIVISIONS
Positive Youth Development
Community Resilience, Well-Being & Mental Health
STI/HIV Prevention & Care
Research & Evaluation
Media & Communications

ORGANIZATIONAL STRATEGIES
Education & Interventions
Training & Capacity Building
Community-Engaged Research & Evaluation
Reproductive Rights & Sexual Health Policy Advocacy
Communications
SOCIAL REACH

307,230
TWITTER IMPRESSIONS

3,496
NEW VIDEO VIEWS

244,793
FACEBOOK/INSTAGRAM REACH

8513
FACEBOOK LIKES, COMMENTS & SHARES

122,871
INSTAGRAM IMPRESSIONS

3428
TWITTER RETWEETS/FAVORITES

1141
NEW FOLLOWERS
COMMUNITY REACH

3376  
YOUTH SERVED - APPROXIMATELY

7309  
RESOURCES DISSEMINATED

1495  
COMMUNITY MEMBERS ENGAGED

53  
EVENTS/PRESENTATIONS

15  
EARNED MEDIA PIECES

43  
PARTNERSHIPS FORMED
INTRODUCTION
In 2017 the In That Number campaign entered our Communities Against Hate phase, which highlighted people in New Orleans who helped to create safe spaces for youth that were confronted with hate, prejudice or discrimination. We first explored this path following the thick climate of hate present in New Orleans that had been unearthed surrounding the removal of Confederate monuments. While there was negativity, other folks really stepped up and helped to uplift and unite our community and begin the healing process. To shine a light on those efforts, we interviewed and shared the narratives from local heroes that took the time, through small and large gestures, to make New Orleans a more compassionate city. For that reason, this new phase was called **We The 504!**

This next section of our Annual Report will share some of those We The 504 stories, which we have paired with the divisions within our organization with active programming. The selected stories represent the ideals of the organization and the outputs that these particular divisions work to help develop and create everyday.

To read the narratives from the rest of our series, go to inthatnumber-iwes.org/we-the-504/
POSITIVE YOUTH DEVELOPMENT DIVISION

ZACH’S STORY
One young man’s experience at my school really stood out. He was taller than everyone else and he had grown out his hair. One day it would be a lovely afro and the next day it would be flat-ironed. He also painted his nails occasionally and a lot of negative comments were made towards him, which affected him, brought him down. You hate to see a student go through something negative. It’s absolutely heartbreaking when you see a young child come up to you and they’re being bullied. I remember my own teenage years, and I remember the turmoil that I had growing up in a small town in Mississippi. Not being able to recognize my own sexuality - knowing this is who I was but having to ignore it. And even going into college with that fear, that intimidation. I had a very strong personality as a student but I just never discussed it out of fear of what might happen, and feeling that I wouldn’t be supported. That I wouldn’t be loved.

I’m a librarian at a local high school as well as the Gay Straight Alliance sponsor. The school social worker and I created a space here at the high school for kids that identify as a part of the LGBTQ community, or as an ally. When we thought about creating a GSA, our main goal was to create a safe space for our students because we noticed that they were being bullied within the classroom, New Orleans, everywhere. We meet after school once a month and also have designated places that the kids can come to anytime, both outside of the social worker’s office and the library. During the meetings we strive to celebrate them as well as have a discussion, whether about a transgender issue, or something else happening in our community. We’d also take them to local events like the AIDS Walk every October. Since teen suicide and depression are so high within the LGBT community, we really wanted to strive for a school where they would be able to focus on their academics and who they are as a kid, and experience the joys of being a teenager.

Once we started the group, the student I mentioned earlier started coming to meetings and really shined. He always took note of what was going on. He was always the first to have an idea. Any time there was an event, he wanted to go to it. Another teacher created a fashion club and he really shined there, as well. It was amazing. Being a teenager isn’t always joyful, but if you as a teacher can bring some small amount of joy or support to kids, if you can be that person that they can rely on, that can make such a valuable, lifelong impact. It to me is one of the greatest joys of working within a school system. You understand the impact that you can have on a kid’s life for the positive, and that’s what you want!

Years later, whenever I see kids that used to be in the GSA, now they are so loving. You don’t shake hands, you give hugs. That’s the relationship our social worker and myself were able to build with them. You want them to do well, and you generally just love them. You get to know a wonderful aspect of them that they might not be able to show the rest of the world, and that can really make a difference. So when they go out into the world outside of high school, they can say I love this. I love being who I am. I love the spirit that this person next to me carries.
At IWES we prepare young people to meet the challenges of adolescence and adulthood through activities and experiences that help them develop social, sexual, emotional and cognitive competencies. Our youth development and leadership activities include: motivating young people to achieve a healthy adulthood; supporting the development of goals, self-esteem, and confidence; and guiding young people on a course of competency and skill-building.

Through our Positive Youth Development division we have been able to provide mental health and wellness trainings, comprehensive sex education classes, leadership groups and, most importantly, support for youth in our city. We paired this division with Zach’s story because, like our health educators, Zach went above and beyond his role as a teacher to create supportive spaces for students he noticed were struggling with others’ opinions of them and their own identities. He saw how their feelings led to negative thoughts and unhealthy actions, and he stepped in to help youth reframe the negatives into positives. Thanks to all of the Zachs out there that help students rise above hate!
Believe In Youth - Louisiana (BY-LA)

Believe In Youth Louisiana (BY-LA) is designed to reach African American & Latinx youth ages 11-19 in Southeast Louisiana over the course of this five-year, federally funded program. BY-LA implements the Making Proud Choices (MPC) curriculum with four additional modules focusing on emotional wellness, stress and coping skills that were developed and added by IWES. The program prioritizes quality program delivery, providing safe spaces for participants who identify as LGBTQ, incorporating positive youth development practices, and institutionalizing a trauma-informed approach that aims to reach youth with multiple interventions over the course of their adolescence.

In its third year, BY-LA served 2,477 youth through schools, CBOs, juvenile justice facilities, and camps. The BY-LA team spread the knowledge and success of the program both locally through school presentations on sexual health and healthy relationships, and nationally via presentations at the Society for Adolescent Health and Medicine conference, the Redefining Safe conference, the Pathways to Resilience conference and a roundtable discussion at the annual Office of Adolescent Health conference. BY-LA also disseminated information through social media campaigns like #AskBYLA, where health educators and health experts provided answers via videos to common sexual health questions. News of the program was also brought to scale through a quarterly newsletter sent to a local network of educators and school personnel. BY-LA also strengthened ties with other stakeholders and community members through its Parent Advisory Team (PAT) and Youth Leadership Council (YLC), which met to discuss the program curriculum and other pertinent topics.

While BY-LA was able to reach schools and parents, the program’s most impressive accomplishments came from the youth it served. The end of program survey included the following highlights.

**UPON COMPLETION OF BY-LA:**

- 94% of participants felt the facilitator cared about them
- 93% of participants felt more positively about themselves and their self-worth
- 91% of participants were comfortable asking the facilitator questions
- 72% of participants improved their HIV knowledge
- 72% of participants indicated they would recommend the program to a friend
- 53% of participants reported feeling comfortable talking to a parent about sex (up from 49% at pre-test)
Creating a Future Together (CrAFT) & Louisiana Youth For Truth (LYFT)

Creating a Future Together (CrAFT) is an initiative that addresses gaps and shifting policy in sexual and reproductive health in New Orleans. CrAFT works to create an educational and policy environment supportive of youth health and development through teacher training, research, implementing a gender-transformative sexual health curriculum and working on statewide advocacy in coalition with other youth-serving entities. CrAFT’s goal is to improve access to, and delivery of, high-quality, comprehensive sexual health education in New Orleans. CrAFT brought to life its sexual health education policy advocacy group through the Louisiana Youth For Truth (LYFT) Council.

The LYFT Council was a group of diverse young people who educate and advocate for inclusive, medically-accurate sex education through changing policy, reforming cultural attitudes and mobilizing youth. The council was comprised of ten high school and college students who were passionate about youth access to information and services.
In 2017 CrAFT began to pilot a signature comprehensive sex education program, reaching 189 students through its curriculum. CrAFT also engaged approximately 630 community members - including students, teachers, local and statewide legislators, physicians and partner organizations - through a combination of trainings and educational events. The CrAFT team increased the scale of their reach through a presentation to the New Orleans City Council on comprehensive sex education and through participation in the National Institute for Reproductive Health panel at the City MatCH conference.

Throughout the year, CrAFT also worked in collaboration with the Louisiana Public Health Institute on a statewide Parent Polling research project. The project collected data from parents throughout Louisiana regarding their views on sex education. Following the publication of the data, CrAFT hosted a press conference in New Orleans to release the data and hosted an event for local legislators and leaders to discuss the findings.

**This year, LYFT Council members** attended Advocates for Youth’s annual Urban Retreat, during which they joined youth activists from across the country to receive training in reproductive justice, advocacy, sexual health and other relevant topics that prepare them to advocate for policy change. Additionally, Council members participated in an IWES mini-retreat and met monthly to receive support and ongoing trainings in order to complete LYFT-designed projects.

The Council steadily advanced their mission through a variety of means, including hosting seven educational events and trainings in Baton Rouge & New Orleans, which reached approximately 200 students and community partners. They also completed 10 campus and community outreach activities in Baton Rouge, New Orleans and Alexandria. Council members participated in Louisiana State University’s annual Take Back the Night event, Xavier University’s Sexual Health Day, a town hall on trans violence, the Louisiana Health Equity Summit, the “We’re Committed” town hall in Baton Rouge and Central Louisiana’s Women’s Power Hour. Additionally, the group spread their message to various stakeholders and large audiences via two media interviews and meetings with six state legislators and three members of the Orleans Parish School Board.
I am currently pursuing my Master of Social Work degree here in New Orleans. There’s a young man, Jay, that I currently work with whose experience I’d like to share. I found out about the problems he was having just in time for him to enroll in an initiative I started called the HUEman Development Program (HDP). HDP is a three-tiered intergenerational mentoring program based on entrepreneurship and leadership skill development with intentional pairing of mentees to their prospective mentors. We teach everything from math to life skills to meditation through a range of methods, including our weekly yoga class. We are working to undo negative coping skills that these young Black males taught themselves to survive in stressful, unsafe, and even hostile environments. We don’t want to have a student clam up when he’s anxious. We’re working to give them the emotional vocabulary to ensure they’re able to advocate for themselves if the need arises. We want them to be able to identify “I am feeling anxious,” and take steps to process, strategize, and implement the coping skills they’re being equipped with. All of the boys are living in a single-family home, so I’m also providing wrap around services for their
parents and family systems. For example, when we have yoga on Wednesdays, the boys do yoga with their moms and their mentors. Similarly, one of our mentors is a chef and comes in once a week for our family dinners and cooks a family meal with their mothers where he teaches the boys to cook.

Returning to Jay, he’s fourteen years old and originally from New Orleans. His father brought him to Georgia to live with him from ages five to thirteen and he endured mental, emotional and physical (malnourishment) abuse while in his care. While he was visiting his mother in New Orleans over summer break in 2016 he told his mother that he was not going back to Georgia. So his mother brought him back to the Algiers Point neighborhood, thinking he’d be safe in that environment because everyone kinda knows each other. His mom didn’t really think much about allowing him to walk from the bus by himself in the afternoons and he created a consistent routine for himself for a couple of months. Then one day a car full of White teenagers drove up behind him and started shooting him in the back with paintball guns.

Jay fell to the ground, in the fetal position, because he didn’t realize they were paintball pellets; he thought he had been shot with a real gun. The symptoms of trauma he showed before from the experiences of living with his father became exacerbated and he became even more withdrawn than when he first moved back to Louisiana. He had a really hard time coping with all of these horrible experiences and expressed thoughts like, “what did I do to have someone shoot me in the back with paintballs?” As shocking as Jay’s incident is, this wasn’t the first time it happened. I’ve heard of two other young men - all Black - getting attacked, and the perpetrators are a small group of White boys around high school age. It’s heart-wrenching to see the effect this malicious act has had on Jay. He’s become more withdrawn from his peers and started acting out in school. He doesn’t like to talk about the things he’s been through. He’s hesitant to share his true feelings, but you can tell just by his body language when he starts to address it that he’s in pain.

We’re working towards getting these guys back to normalcy, which, for everyone, is going to be different. The HDP participants have to tell me three to five areas that they think they are interested in learning about. Then I pull mentors from my network in those particular fields and bring them into HDP to expose them to a variety of career paths. For example, for Jay, getting him back to playing football is a big thing and he’s trying out for the team at his new school this year. I believe it’s very important to the rebuilding of his self-esteem, so I have a group of guys training him to make sure that he’s prepared for tryouts. And it’s working! His whole attitude about engaging with unfamiliar people has changed since he’s been participating in the program. Before Jay didn’t want to leave the house, and now he’s the first boy to arrive. His mother also says he’s more willing to talk to her and not clam up when she’s just trying to have a conversation. He’s not as defensive all the time.

I feel really good that I’m creating a safe space for the children, the ones who need help but are the internalizers – the ones that are really quiet but are going through so much pain. I can identify with them based on my own experiences in middle and high school. I recognize that those transitions are hard and I recognize what it was like to feel alone. That’s why my focus as a social worker is adolescent trauma, because as a child there were things that I was not able to process in a healthy manner that I needed help understanding, like depression and anxiety. The children participating in HDP come to my home, a safe space that I have created, where I’m able to control the environment to assure them that I’m constantly working to make sure they aren’t triggered or re-traumatized.
IWES provides programming to enhance mental health and emotional resiliency particularly for youth. IWES utilizes a social-ecological framework to promote wellness at the individual, interpersonal, community and societal levels.

In 2017 IWES enhanced and expanded its community resilience and well-being and mental health offerings through new events and programming, particularly with folks that serve our youth as educators, community-based organizations and city leaders. The organization’s commitment to people and organizations that help to build a well-rounded society is best reflected by Brittany’s story, which follows her role as a mentor and the lengths she went through to help a youth dealing with the effects of trauma in his life.
The Collective for Healthy Communities (CHC) provides community-level, non-clinical approaches to individual and collective recovery, resiliency and healing for vulnerable communities. CHC promotes well-being and resilience using a social-ecological approach that focuses on multiple levels. CHC also reaches community members through specialized sub-programs including Creating Our Own Lens (COOL) and the Compassionate and Restorative Engagement (CARE) program, along with an ongoing public will campaign entitled In That Number that promotes compassion and advocates for more trauma-informed care services in New Orleans.

Utilizing the Social Ecological Model as the theory of change, in 2017 CHC conducted activities at the group, community and societal levels to enhance community wellness and resilience, specifically for vulnerable youth in New Orleans. A major focus of CHC’s work was creating a more comprehensive definition of resilience that addresses racial inequities and the impact of chronic adversities. This year, in response to the uptick in hateful and discriminatory rhetoric and actions against marginalized populations across the nation, CHC worked to address the needs of youth particularly impacted by the challenging climate.

In the fall, IWES was a key participant in a juvenile justice initiative which assessed the New Orleans Youth Study Center, a local juvenile detention facility. A multidisciplinary team was tasked with reviewing the policies and practices of the Center to determine compliance with best practices. IWES’ input will go to an overall corrective action plan that will kick off the long overdue process of local juvenile detention reform.

CHC also hosted various community-focused events including: community conversations that centered around America Divided movie screenings and panel discussions, which and were attended by more than 200 individuals; a Youth Champions Event honoring individuals in New Orleans who advocate on behalf of youth; and participation in the W.K. Kellogg Foundation’s Day for Racial Healing.

The COOL Program was designed as a collaborative initiative to enhance access to hands-on career training in a vital industry (film production), and concurrently support the personal well-being of opportunity youth. This was achieved through a trauma-informed, healing-prescriptive workforce development model that combines technical skills and job training with emotional wellness, healing and stress management. In 2017 COOL interns G’kar Jackson and Ikeem George continued their partnership with the New Orleans Video Access Center and participated in various projects around the city, as well as with IWES programs. G’kar and Ikeem worked on over 15 productions doing everything from camera operation to post-production, and they participated in four trainings to build upon their ever-increasing skills. After years of learning, this year they were able to take on new roles and become teachers, as well. Through NOVAC’s Born Digital Youth Media Program, G’kar and Ikeem trained high school students and interns in digital media equipment and software.

The CARE program promotes self-care and well-being among leaders and healers whose work impacts vulnerable youth in New Orleans. CARE focuses on three main areas: 1) physical health and fitness, 2) emotional well-being and mindfulness, and 3) compassion satisfaction and action. The overall goal of CARE is to support leaders and healers on their self-care journey so that they may sustain their work in the community, and promote wellness and compassion within their organizations and among the populations they serve. In 2017 the CARE group of 15 city leaders began its work through a series of meetings and workshops including a yoga practice, healthy eating demonstrations and group discussion and processing.
WE-CAN! is an IWES-led collaboration with the primary goal of creating an index of community-driven indicators of youth well-being and resiliency. WE-CAN! relies on participatory action research theory, and actively engages community members and stakeholders to derive relevant indicators of community wellness. A secondary goal of WE-CAN! is to increase IWES’ research and evaluation capacity.

In 2017 as a part of the first Phase of WE-CAN!, IWES engaged youth, adult caregivers, elementary and middle school educators, and community experts/stakeholders to examine the factors that impact youth well-being in New Orleans. Based on the qualitative information provided by the community expert panelists, IWES identified key areas that contribute to understanding overall youth well-being, including basic needs, social supports, and emotional health. Phase 1 of WE-CAN! identified 93 constructs of youth well-being which were categorized into seven domains: Family Economic Security; Physical Health; Physical Environment & Safety; Community Facilities, Institutions & Services; Social Connections; Learning & Preparation for the Future; and Emotional Health. Sixty-seven of the 93 WE-CAN! constructs were rated by community expert panelists as being “essential” or “very important” to understanding youth well-being.

Derived from the research conducted in Phase 1, in May of 2017 Phase 2 of the project, WE-CAN! 2, began. WE-CAN! 2 focuses on collaboration, community engagement and partnerships, and research that: 1) aims to make schools more equitable; 2) utilizes a multi-sector approach to addressing needs of the whole child; and 3) increases the capacity for success among historically disadvantaged students and families. This new phase of WE-CAN! kicked off with attachment-based play therapy for K-4th grade public school students, a teacher self-care initiative and a collaboration with Metropolitan Human Services District (MHSD), the local public mental health authority that works to improve access to quality services for youth and their families.

WE-CAN! 2 participated in six advisory meetings with MHSD leadership to enhance their efforts to improve the services provided to marginalized populations and provide training in trauma sensitivity and cultural competency for clinic providers. WE-CAN! 2 also placed an emphasis on educators by hosting a focus group with teachers to learn more about school practices that can be modified to improve their emotional well-being. Fifteen teachers and administrators were also engaged to participate in a self-care working group to explore ways to pursue institutional level changes at their school. Lastly, thirty-five providers were trained in trauma sensitivity and cultural competency throughout the year.
“MANY SUBSTANTIATED CASES [OF CHILD MALTREATMENT] IN THE AFRICAN AMERICAN COMMUNITY ARE MORE ROOTED IN POVERTY AND LESS IN NEGLECT. THIS RESULTS IN MORE OF OUR CHILDREN BEING REMOVED [FROM THEIR HOUSEHOLDS] AND MANY ARE FURTHER ABUSED IN CARE.”

“AN ESSENTIAL ASPECT OF EARLY CHILDHOOD DEVELOPMENT IS SECURE PRIMARY CAREGIVER ATTACHMENT. NO MATTER WHO THE CAREGIVER IS, CHILDREN MUST FEEL THAT THEY CAN ESTABLISH TRUST WITH THAT PERSON AND BELIEVE THAT THEIR NEEDS WILL BE MET.”

“THE MORE PARENTS WORK, THE LESS TIME THEY CAN SPEND WITH THEIR KIDS. BUT NOT HAVING SECURE EMPLOYMENT IS PROBABLY MORE DETRIMENTAL TO THE FAMILY AND CHILDREN THAN A PARENT THAT WORKS A LOT. AND ALTHOUGH IT MAY NOT BE ESSENTIAL THAT PARENTS HAVE SECURE EMPLOYMENT FOR THEIR KIDS TO BE SUCCESSFUL, IT IS DEFINITELY VERY IMPORTANT TO BE ABLE TO MODEL A CULTURE OF WORK AND TO MAKE SURE KIDS HAVE THEIR BASIC NEEDS MET.”
It’s been really empowering to see kids come up; getting acclimated to a new language, getting acclimated to the city’s culture. You start to see their personalities a lot more. When there’s a language barrier, you can’t really see who they are as individuals, so being able to see them get comfortable around me, it’s been a really rewarding experience.

I work as an English Learners (EL) teacher at a small high school. It’s great because it’s an open door culture - there’s a direct line from students to the principal. They feel very comfortable speaking out, whether it’s something they want to see in the school or something that’s happened to them or to a friend of theirs.

“Latinos Unidos” is my school’s student organization, but it didn’t exist before I started working there. Within the school community of EL learners you’ll see Afro Latinxs, indigenous Latinxs, people who speak Garifuna or other indigenous languages, Caribbean students, etc. There’s a lot of diversity within the community and it was causing a lot of rifts. Since I was working so deeply within the population, I saw an opportunity to empower our EL students. So our team and the students spoke about the importance of coming together as a group, because outsiders are just going to say, “Look at all these Mexican kids.” I told them it’s up to them to come together. You are your best advocate. You are your best ally. As a result, it was really powerful for them to identify as Latinos Unidos. They decided they wanted to have a soccer team, because if there was an extracurricular that they were all interested in, then they could all feel more a part of the school fabric. To start, the students were able to negotiate with administrators for the use of the school field one day a week for a pickup game. That was a big accomplishment that they achieved and advocated for on their own.

New Orleans is already such a diverse place - we’re a unique blend of so many cultures historically. So with this new wave of immigrants coming into our city, it’s like a metaphor. We have this beautiful tapestry, we’re just adding some more color, a new design. I feel like that enhances and makes our city a more exciting place to be. We’re one of the most exciting cities in the country, and we’re just adding to that!
About the Division

The STI/HIV Prevention & Care Division aims to reduce HIV stigma and encourages African American and Latinx people ages 13-60 in the New Orleans area to access HIV testing services and care.

Our STI/HIV Testing and Prevention staff actively seek new ways to provide people with knowledge and resources about their sexual health, often entering spaces with marginalized folk from different backgrounds and creating a sense of community, trust and safety. We chose to pair their work with that of a local teacher, Gabrielle, who sought out students to help create safe spaces for them. Gabrielle created the group Latinos Unidos to provide outlets, resources and a listening ear for students from a variety of Spanish-speaking countries that were just getting used to the city and possibly to the language, as well. Both her work and that of our HIV Testing and Prevention staff requires you to meet people where they are to help them find the tools and guidance they need to take control of their lives and health.
HTP is a multi-faceted, high-impact HIV prevention program that consists of five key components: targeted HIV testing (both community and venue-based); the ARTAS program; the PROMISE program; the PAUSE social marketing campaign; and, condom distribution. The overall goal of HTP is to reduce HIV-related stigma, provide access to HIV testing and provide linkage to care for people living with HIV, which is accomplished through our Antiretroviral Treatment and Access to Services (ARTAS) program. ARTAS aims to identify newly and previously diagnosed people living with HIV and assist them in accessing medical care and support services, ultimately reducing the rate of transmission. HTP has a strong community presence through its PROMISE program, a community-level intervention that utilizes peer advocates to share resources such as condoms and role model stories from real people that took action to improve their sexual health. HTP also has a strong social media presence through Peer Advocates Undoing Stigma through Education (PAUSE), its multi-pronged social marketing campaign.

In 2017, HTP maintained 12 regular testing sites across the Greater New Orleans area and partnered with various organizations including Walgreens, Job Corps, the St Bernard Jail, the Harry Thompson/Rebuild Center, the Orleans Parish Justice Center, SisterHeart, NOLA Village/El Pueblo NOLA, Crescent Care, Priority Health Care, the Tulane Drop-In Center and the Metropolitan Human Services District. HTP was able to reach more of its younger demographic by providing sexual health presentations at local community partner organizations including Liberty’s Kitchen, STRIVE/STRIVE Future Leaders and the divergent program MELLO at the Juvenile Justice Center. The presentations emphasized HIV 101, Pre-Exposure Prophylaxis (PrEP), healthy relationships and teens and the law (consent). The team also participated in several community focused events and coalitions including PeaceFest sponsored by Cease Fire, Xavier and Dillard Universities’ Wellness Fairs, The Annual Black Male Health Fair, the New Orleans Film Festival, National HIV Testing Day, the Louisiana Community Health Network, the statewide End The Epidemic Planning group, the Parish Prison Health Collaborative and the state and local Offices of Public Health.

In 2017, HTP tested 681 people for HIV and gave out over 7000 condoms through outreach, testing and partnerships. PROMISE peer advocates also disseminated 236 safer sex kits with 944 condoms to their peers and various community members.

To maintain a community voice and reflect the needs and interests of the community it serves, HTP works hand in hand with a Community Advisory Board (CAB). The CAB is comprised of 12 members, which met six times throughout the year to: discuss the program’s plans; receive feedback on ideas, strategies and materials; and, maximize the program’s outreach efforts.

HTP also began work to revise and update the PAUSE social marketing campaign, this time focusing on two communities: African Americans and Latinx people. Formative research was completed, including a survey about PrEP which assessed risk factors as well as knowledge about PrEP and participant willingness to take the medication. Over two hundred surveys were completed in both English and Spanish and findings from the surveys are being compiled to inform the direction of the campaign.
DENESE SHERVINGTON, MD, MPH | President & CEO
Founder & CEO, Institute of Women and Ethnic Studies
Professor, Department of Psychiatry, Tulane University School of Medicine

Dr. Shervington has an intersectional career in psychiatry and public mental health. She is the President and CEO of IWES, and Clinical Professor of Psychiatry at Tulane University School of Medicine. At IWES, Dr. Shervington directs the community-based post-disaster mental health recovery division that she created in the aftermath of Hurricane Katrina. At Tulane, Dr. Shervington provides psychotherapy supervision for Psychiatry residents. Dr. Shervington is a graduate of New York University's School of Medicine. She completed her residency in Psychiatry at the University of California, San Francisco, and is certified by the American Board of Psychiatry and Neurology. Dr. Shervington also received a Masters of Public Health in Population Studies and Family Planning from Tulane University’s School of Public Health and Tropical Medicine. In 2006, she was awarded the Isaac Slaughter Leadership award by the Black Psychiatrists of America. In 2012, she received the Jeanne Spurlock M.D. Minority Fellowship Award from the American Psychiatric Association. She has an illustrious career in public mental health and population health, which includes posts at the national, state and local level. Her clinical community expertise in PTSD, trauma-informed response and public mental health informs the emotional wellness, physical health and resilience work of IWES.

MICHELE M. MOORE, JD | Board Chair
Chief Communications Officer, American Civil Liberties Union

Michele Moore is a corporate and brand communications professional with 25 years of experience managing communications and marketing operations for Fortune 500 corporations, media, government, and non-profit entities. Her experience across multiple industries in strategic and crisis communications, media relations, brand marketing, public affairs and corporate philanthropy stem from her senior roles spearheading communications and marketing departments at Nickelodeon, BET, the National Urban League, Temple University, and Lifetime Networks. She is currently the Chief Communications Officer for the National office of the American Civil Liberties Union. Moore earned her law degree at Howard University and B.A. in Communications at UCLA.
**STEPHANI HATCH, PHD**  
Social Epidemiologist, Department of Psychological Medicine, Institute of Psychiatry, King's College London

Dr. Hatch is a social epidemiologist in the Department of Psychological Medicine at the Institute of Psychiatry, King's College London. She earned her PhD at the University of Maryland, College Park and was a former faculty member in the Department of Epidemiology at Columbia University. She is a principal and co-investigator on several community research projects, including the social inequalities strand of the UK National Institute for Health Research funded by the Mental Health Biomedical Research Centre, and the South East London Community Health Study. Dr. Hatch is also the co-founder of the Health Inequalities Research Network, a partner with IWES on US-UK comparative studies.

**KANDICE DOLEY, JD | Board Secretary**  
Law Clerk, Chambers of Louisiana Supreme Court  
Chief Justice Bernette J. Johnson

Kandice earned her undergraduate degree in Marketing at the University of Miami. She joined IWES in 2008 as an Administrative/Program Assistant of the Sexual and Reproductive Health Advocacy Project until enrolling at Loyola University New Orleans’ College of Law. She worked as a research assistant for the Henry F. Bonura, Jr. Distinguished Professor of Law, Ms. Jeanne M. Woods, on human rights and international law publications. Upon graduating from Loyola Law in 2012 with a Certificate in International Law, Kandice joined a private practice law firm and now works as a research attorney at the Louisiana Supreme Court.

**AVA ROGERS, MPA | Treasurer**  
Deputy Chief Administrative Officer for Operations, City of New Orleans

Ava has worked in international affairs, specializing in conflict and emergency settings, for 20 years. Her previous assignments with the U.S. State Department and the United Nations include the Republic of the Congo, Israel and the Palestinian territories, Nigeria, and Sudan. She has an undergraduate degree in International Relations from Georgetown University and a Masters in Public Administration from Harvard’s Kennedy School of Government.
ERICA GOLLUB, DRPH, MPH
Associate Professor, Department of Health Studies, Pace University

Dr. Gollub is an internationally recognized researcher and expert in the area of women-initiated HIV/STI prevention and advocacy aimed at expanding health education for women and girls. Dr. Gollub has served on both national and international health and regulatory advisory boards and has published and presented widely on her work. She has served in multiple advisory capacities globally, including: Expert Group on Prevention of HIV in Women at the French Health Ministry, National Institutes of Health (NIH) Advisory Meeting on Improving Acceptability Research, and the World AIDS Congress in Durban, South Africa.

DOROTHY PEPRAH, MPH, MPHIL, PHD
Global Health Security Advisor, USAID

Dr. Peprah is widely regarded as an expert in global health, infectious disease, community participatory action research and qualitative methodology. She completed her MPhil and PhD in Epidemiology and Population Health at the London School of Hygiene and Tropical Medicine, and her MPH in International Health at the Boston University School of Public Health. She is currently a Global Health Security Advisor with USAID, responsible for ensuring well-coordinated and effective delivery of technical and program support across the Agency’s Global Health Security Agenda portfolio. The portfolio includes programming to prevent, detect and respond to infectious disease outbreaks, and pre-empt or combat newly emerging diseases of animal origin that could threaten human health. Dr. Peprah has also worked as a global consultant on various projects, including sanitation and hygiene programs in refugee camps, and providing technical support to research teams in Ethiopia, Sierra Leone and South Sudan.
2017 STAFF

JESSICA BAGNERIS, MSW
Health Educator

JAMIE BALTHAZAR
Executive Assistant

STEFFANI BANGEL, MPH
CrAfT Program Manager

DANIELLE BROUSSARD, PHD, MPH
Research & Evaluation Director

ANGELITA BROWN, MS
HTP Program Manager

MICHAEL CHANCLEY, MSW
ARTAS Coordinator

KAELYN CHARBONNET
Media & Communications Coordinator

KEEANYA CHENIER, MPA
Chief Administrative Officer

QUINETTE COLLINS, MPH
Health Educator

SHERYL-AMBER EDMONDSON, MSED
WISE/CrAfT Coordinator

NIKKI FERNANDES, MPH
PROMISE Coordinator

JASON FOSTER
Production Coordinator

GABRIELLE FREELS
Health Educator

SHELBI GATLIN, LCSW
COOL Program Coordinator

IKEEM GEORGE
COOL Intern

ASHLEY GOTHARD, MPH, CHES
Health Educator

JAKEVIA GREEN, MPH
Evaluation Manager

G’KAR JACKSON
COOL Intern

FAY LOVE
Administrative Manager

LISA RICHARDSON, PHD
Chief Impact Officer

RHENEISHA ROBERTSON, MPH
Chief Program Officer

GABRIELLA ROUDE
Research & Evaluation Associate

NAKITA SHAVERS
Health Educator

IMAN SHERVINGTON, MFA
Director of Media & Communications

TRACEY SPINATO, LCSW, MPH
CHIC Program Manager

CHENER H. TAYLOR
Communications Consultant

AURORA TOM-QUINN
HIV Testing & Outreach Coordinator

CAITLIN WAHLERS
Health Educator

BRIANA WHITE, MED
Director of Health Education

DENESE SHERVINGTON, MD, MPH
President & CEO
## 2017 FINANCIALS

### STATEMENT OF ACTIVITIES

<table>
<thead>
<tr>
<th>SUPPORT AND REVENUES</th>
<th>UNRESTRICTED $</th>
<th>TEMPORARILY RESTRICTED $</th>
<th>TOTAL $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal grants</td>
<td>1,668,134</td>
<td>-0-</td>
<td>1,668,134</td>
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<tr>
<td>Private grants</td>
<td>-0-</td>
<td>2,867,000</td>
<td>2,867,000</td>
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<tr>
<td>Contributions</td>
<td>12,071</td>
<td>-0-</td>
<td>12,071</td>
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<tr>
<td>Contract income</td>
<td>123,650</td>
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<td>123,650</td>
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<tr>
<td>Other income</td>
<td>10,878</td>
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<td>10,878</td>
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<tr>
<td>Net assets released from restrictions</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction of Program Restrictions</td>
<td>1,305,454</td>
<td>(1,305,454)</td>
<td>-0-</td>
</tr>
</tbody>
</table>

| TOTAL REVENUES                       | 3,120,187      | 1,561,546                | 4,681,733 |

| EXPENSES                              |                |                          |         |
| Program services                      | 2,660,614      | -0-                      | 2,660,614 |
| Supporting services:                  |                |                          |         |
| Fundraising                           | 181,985        | -0-                      | 181,985 |
| Management and general                | 271,359        | -0-                      | 271,359 |

| TOTAL EXPENSES                        | 3,113,958      | -0-                      | 3,113,958 |

Change in net assets 6,229 1,561,546 1,567,775
Net assets, beginning of year 312,083 1,622,068 1,934,151
Net assets, end of year $318,312 $3,183,614 $3,501,926
FUNCTIONAL EXPENSES

85.5%
PROGRAM SERVICES - $2,660,614

5.8%
SUPPORTING SERVICES - $453,344

8.7%
FUNDRAISING - $181,985

 MANAGEMENT & GENERAL - $271,359
2017 ANNUAL REPORT PHOTOS

Page 2 – Iman Shervington
Page 3 – Iman Shervington
Page 4 – Iman Shervington
Page 6 – Iman Shervington
Page 12 – Chloe Walters-Wallace
Page 18 – Chloe Walters-Wallace
Page 24 – Chloe Walters-Wallace
Page 28 – Jason Foster, Iman Shervington
Page 29 – Iman Shervington, Chloe Walters-Wallace
Page 31 – Iman Shervington, Chloe Walters-Wallace