







# Table of Contents

- 4.** LETTER FROM THE FOUNDER
- 6.** BOARD OF DIRECTORS
- 8.** VISION, MISSION, DIVISIONS, STRATEGIES
- 9.** 2016 HIGHLIGHTS
- 10.** SOCIAL REACH
- 11.** COMMUNITY REACH
- 12.** PROGRAMS
  - 14.** BELIEVE IN YOUTH - LOUISIANA (BY-LA)
  - 16.** COLLECTIVE FOR HEALTHY COMMUNITIES (CHC)
  - 18.** CREATING OUR OWN LENS (COOL)
  - 22.** HIV TESTING & PREVENTION (HTP)
  - 24.** WELLNESS EVALUATION COMMUNITY ACTION NETWORK (WE-CAN)
  - 26.** CREATING A FUTURE TOGETHER (CRAFT)
  - 28.** LOUISIANA YOUTH FOR TRUTH (LYFT)
- 30.** STAFF
- 32.** STATEMENT OF FINANCIAL POSITION





**2016** began as a very good year. A very good year indeed for IWES. Our programs continued to grow and service increasingly more members of the community, especially our programs that target youth and provide them with physical and mental health education they need to thrive and succeed. Our health educators worked directly in classrooms and other community settings with over 1900 youth. Based on the data we collected from these young people, we recognized the high levels of traumatic stress disorders they live with on a daily basis and did something about it. We provided them with safe spaces to explore their emotional landscape and gave them language to share. We listened more intently to those who felt helpless and hopeless, and if they needed more intensive interventions, we worked with their school mental health staff to assure that they would get the appropriate care.

**Rather than just flood people with data and statistics, we shared stories of young people in struggle.**

Being concerned about the lack of initiative of a city in a post-disaster environment to provide psychological safety for our economically-challenged families and their children, we intensified our public will campaign, In That Number (#SadNotBad), to make New Orleanians more aware of the need to be restorative and compassionate in how we were managing youth whose behaviors begged attention. And furthermore, rather than just flood people with data and statistics, we shared stories of young people in struggle. Our campaign caught the eye of the local newspaper six weeks after our launch. On February 5<sup>th</sup> they wrote an editorial, “New Orleans children need help dealing with trauma: An

# Letter from the Founder

Editorial” in which they cited our data and three of our stories. They concluded the piece stating that,

*“Even if we don’t replace one story with the other, even if we continue to talk about the anti-social behavior and crimes some young people are engaging in, we should acknowledge that such a story is incomplete if it skips the homelessness, hunger, abandonment and exposure to violence that so many of our children have experienced.”*

“

Months later, on June 14th the New Orleans City Council’s Children and Youth Planning Board put forth the resolution, “Therefore Be It Resolved that the New Orleans Children and Youth Planning Board supports In That Number, affirms the importance of the issues it raises related to the emotional well-being of New Orleans children and youth, recognizes the needs to remove the stigma of mental health as a barrier to children and youth accessing services, and supports the Institute of Women & Ethnic Studies in its efforts to build public awareness and public will to improve the emotional well-being of children who experience trauma in New Orleans and prevent future exposure of children to trauma.”

To date, in its first year, the campaign has accrued a significant following and reach utilizing traditional and social media outlets. It has also built partnerships with over 20 organizations, including non-profits, schools, businesses, city and state health departments, whom are all committed to improve the campaign’s effectiveness and expand its reach. I am so very proud of our growing Communications department, which has toiled hard to hone our messages and put them forward.

But then November 9<sup>th</sup> happened and now the country has plummeted into a very frightening period. We are witnessing the worst in base primal fear and tribalism. IWES, given our funding from the federal government, is on the precipice. We are very vulnerable to losing the capacity to continue to scale up our positive and medically-accurate youth development and justice work.

We, however, remain **committed**.

After an incredible eight years of rapid growth in programming, we have learned many lessons about **sustainability**. Katrina also taught us about **resilience**. We therefore will seize every opportunity for innovation and adaptability, so as to: continue to respond to our community’s needs and secure its support; strengthen our internal leadership team; build strategic partnerships; and diversify our financial portfolio. Taking our Katrina build-back as the gold standard, we are **confident** that IWES will weather the storm.

Namaste.

*Denese Shervington*

Denese Shervington, M.D., M.P.H.

# 2016 Board

## **EUNA AUGUST, PHD/MPH**

BOARD CHAIR



Dr. August is a researcher, educator, and advocate with 15+ years of experience in reproductive, sexual and perinatal health, health disparities, and global health. She has more than 40 peer-reviewed journal publications and has conducted numerous presentations and workshops at scientific conferences and meetings. She earned her PhD from the University of South Florida's College of Public Health, as well as graduate certificates in social marketing, women's health, and epidemiology. Dr. August also has a Masters of Public Health from Tulane University and a Bachelor of Science from Louisiana State University.

## **KANDICE DOLEY, J.D.**

TREASURER



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.

## **ERICA GOLLUB, DRPH**



Dr. Gollub is an internationally recognized researcher in the area of woman-initiated HIV/STI prevention and serves as an Associate Professor in the Department of Health Studies at Pace University. She received her undergraduate degree in Biology from Stanford University and her MPH in Population/Family Health and DrPH in Epidemiology from Columbia University. Her research and publications over 25+ years focus on the sexual and reproductive health of vulnerable populations. She was Principal Investigator of several NIH and CDC-funded studies of woman-focused interventions and was awarded a Fulbright scholarship for research among immigrant women in Southern France. She was visiting professor of Epidemiology in Bordeaux from 2007-2008, then joined the Epidemiology graduate teaching faculty at Florida International University thereafter. Dr. Gollub has served on both national and international health and regulatory advisory boards and has published and presented widely on her work.

## **STEPHANI L. HATCH, PHD**



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 Mental Health Biomedical Research Centre, 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.



# of Directors

## MICHELE M. MOORE, JD



Michele is a communications executive with a 25-year track record of leadership that spans across industries in media relations, crisis communications, public affairs and brand marketing for non-profits, government, Fortune 500 companies, and academia. Since November 2017, Moore has directed the ACLU's communications' defiant public message in the wake of Trump's election and was recently named to *PR Week Magazine's* 2017 Power List as one of the top communications professionals in the United States. Combining a legal and strategic communications background, Moore previously served in senior leadership roles for the National Urban League, Lifetime Television, BET, Nickelodeon and Cox Communications. She also served as the Press Secretary and Director of Communications for the City of New Orleans under Mayor Marc Morial in the mid-nineties. A native of Los Angeles, Moore earned her law degree at Howard University and a Bachelor of Arts degree in Communication Studies at UCLA.

## AVA ROGERS, MPA



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.

## OPAL RUSSELL-WALKER, MBA

SECRETARY



Opal holds a Master of Business Administration with a concentration in Health Care Administration. She works as a Medical Certification Specialist for the State of Louisiana and surveys health care facilities for regulation compliance for the Department of Medicaid and Medicare Services. She is a Registered Nurse by profession and worked as a community mental health nurse in New Orleans from 2003 until 2007. She was also a first responder during the aftermath of Hurricane Katrina in 2005 and worked to assist local returning residents to cope with depression and stress resulting from the storm.

## DENESE SHERVINGTON, MD/MPH

PRESIDENT



Dr. Shervington has an intersectional career in psychiatry and public mental health. She is the President and CEO of IWES, and a Clinical Professor of Psychiatry at Tulane University. 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 psychiatric residents. Dr. Shervington is a graduate of New York University 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.

# Vision

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

# Mission

IWES is dedicated to improving the mental, physical, and spiritual health and quality of life for women, their families, and communities of color, particularly among marginalized populations, using community-driven research, programs, training and advocacy.

## DIVISIONS

### Resilience

Community-level non-clinical approaches to equitable recovery & healing of vulnerable populations through community-wide events, documentation, collaborations, & participatory research.



### Sexual Health

Providing comprehensive sexual health education, HIV & teen pregnancy prevention education, advocacy & outreach using social media, peer, & community engagement.



### Youth Development

Providing opportunities for youth to develop & enhance leadership, advocacy, technical & job training skills, through trauma-informed approaches.



### Emotional & Physical Well-Being

Engaging community members in activities & events focused on addressing emotional well-being, overall physical and psychological health.



## STRATEGIES

Health  
Education,  
Information &  
Communications



Community-  
Driven Research  
& Evaluation



Training  
& Capacity  
Building



Advocacy





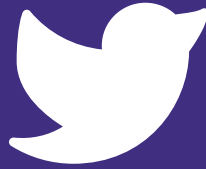
# 2016 Highlights

# 2016 REACH

## Social Media

590,000+

Twitter Impressions



3375+

New Video Views



1145+

Retweets



17,900+

Likes, Comments,  
& Shares



295,000+

Facebook Reach



3500+

New Followers



# 2016 REACH

## Community

2050+

Youth Served



105+

Events/Presentations



60+

Partnerships  
Formed



2050+



Resources Disseminated

775+

Community Members Engaged



25

Earned  
Media Pieces





# Programs

**BELIEVE IN YOUTH - LOUISIANA  
(BY-LA)**



**COLLECTIVE FOR HEALTHY  
COMMUNITIES (CHC)**



**CREATING OUR OWN LENS (COOL)**



**HIV TESTING & PREVENTION PROGRAM  
(HTP)**



**WELLNESS EVALUATION - COMMUNITY  
ACTION NETWORK (WE-CAN)**



**CREATING A FUTURE TOGETHER  
(CRAFT)**



**LOUISIANA YOUTH FOR TRUTH (LYFT)**







# BELIEVE IN YOUTH - LOUISIANA (BY-LA)

BY-LA is designed to reach at least 16,500 African American & Latino youth ages 11-19 in Southeast Louisiana over the course of a 5 year, federally funded program. BY-LA implements the Making Proud Choices! (MPC) curriculum, with 4 additional modules that were developed and added by IWES that focus on emotional wellness, stress and coping skills. BY-LA prioritizes quality program delivery, providing safe spaces for participants who identify as LGBTQ, incorporating positive youth development practices, and institutionalizing a trauma-informed approach. The program aims to reach youth with multiple interventions over the course of their adolescence.

**STAT:** (after taking BY-LA) 62% of students improved their knowledge of transmission and prevention of sexually-transmitted infections, and 78% of students improved their knowledge about HIV.

Working with a group of 15 young men and learning what they know about reproductive health, emotional health and healthy choices, it makes me remember my teenage years and what I did and didn't know. The questions kids ask out of curiosity is very insightful. As educators, if our goal is college persistence and to empower kids to graduate from college and lead the world, there's a million different things that go into that. Although very important, I think strictly academics is a mistake because we're also helping families and parents and communities to raise kids – raise our future leaders and future citizens. And I think a big component of that is being healthy and making good choices. We have students who are 17, students who are 13, so emotional regulation and the decision making, executive functioning, all those sorts of things, are at different levels. By associating those skills with the work of reproductive health, it helps kids to see they work in tandem. It's not just this is what you need to know about sex, it's this is a whole picture, this is your life. You have to be healthy in all parts of your day. We're trying to do it all and do it all early so that kids have the experiences that they want here so they keep choosing to come and so as they walk in the door they think, this is the place for me.

By making a decision to put BY-LA in front of our kids, it gave the facilitators the opportunity to start a lot of conversations. What is important is that awareness is built and the conversations happen. Going forward it's the kind of thing that if they were to learn no different content and relearn it, relearn it, relearn it, it still gives kids an opportunity to deepen their understanding. And it's not just in the world of "this is how you get this STD" or "this is how the human body works," but decision-making around "hey, this is how you make healthy choices." Recently we had our advisors teach a lesson on social media and the laws around sexting, consent, pictures and the age of whether you're a minor or not. That stuff's real, and our kids face it. I don't know that we would have felt the confidence to go head first into that had we not seen the success of our students engaging with the curriculum through BY-LA.

When I hear that 62% of students improved their knowledge of transmission and prevention of sexually-transmitted infections, and 78% of students improved their knowledge about HIV through BY-LA, I think that's great. Now what do we need to do to get to 100? But there's the short term and there's the long term. Whether or not you've improved your concrete understanding, there's likely been an improvement in awareness. So 62% is measured, and general awareness I'm sure has improved.

- EVAN STOUDT





# COLLECTIVE FOR HEALTHY COMMUNITIES (CHC)

The Collective for Healthy Communities provides community-level, non-clinical approaches to individual and collective recovery, resiliency, and healing of vulnerable communities.

**STAT:** 132 out of 567 youth (23.28%) say they worry about not being loved, valued, and/or appreciated at school.

I think my role as a social worker is when we sit down at the table to talk about a youth and how his/her behavior is affecting academics and vice versa, and trying to really remind everyone that there's a lot going on and there's good ways to try and handle difficult situations to not re-traumatize kids. Honestly, when I hear that 24% of youth surveyed say they worry about not being loved, valued, and/or appreciated at school, in some ways it's not surprising. But here at KIPP McDonogh 15 we always talk about the "J Factor," which is the joy factor. We try to incorporate that kind of messaging to kids on a consistent basis, knowing that it is a possibility that they may have those feelings.

I can't remember what I first saw about the campaign, but I think the needs in NO are so high that it's really easy to kind of automatically go to this place where it's like, "these kids have behavior issues, these kids have this going on" as opposed to the other side of looking at the fact that they're actually incredibly resilient and have had so much exposure to things. It's not about a kid making one bad choice it's about all the things that are impacting his/her life. I think it's really important that messaging is happening because it's easy in New Orleans to be like, there's so much crime and there's so much community violence and there's so much going on in neighborhoods so I think it's a great forum to talk from a different perspective about why these things are happening and what we can do to support it.

It's also tricky because there's still so much stigma around talking about mental health. We see it a lot with our parents here where sometimes if I say "oh I can refer them to \_\_\_\_\_" they're like, "They don't need a counselor. Why would they need a counselor?" I think normalizing it is a first step alongside realizing it's such a wide spread issue and that it's OK, that everyone's just working together to try to figure out how to help.

- AIMEE LYONS





# CREATING OUR OWN LENS (COOL)

COOL was designed as a collaborative initiative to enhance access to hands-on career training in a vital industry and concurrently support the personal well-being of opportunity youth. This is achieved through a trauma-informed, healing-prescriptive workforce development model. COOL aims to create opportunities for individual recovery, improve interpersonal communication and coping skills, and develop profitable work experience and opportunities for employment. COOL strives to: 1) shift community perceptions and norms of young men of color by creating new narratives about young African American men; and, 2) influence change in policies and systems that obstruct the ability of these youth to achieve a healthy quality of life.

**STAT:** *There were approximately 6,820 opportunity youth in New Orleans in 2014.*

I found out about COOL through my mentor in 2015. He knew the type of work I was doing beforehand and saw this could be my first job opportunity. And even better, it's the work in the field I want to pursue my career in. While I was in high school I did four classes at Delgado Community College on the path towards being an electrician. When I got out of high school I went back in the summer. Then I found out about COOL right when I was done with that class, which was perfect. It wasn't my career goal to be an electrician, it was something else to make me financially stable until I was able to pay for college myself. I want to be an animator.

I wasn't really looking for the money, I was looking for the experience because I know experience outweighs everything. The universe has been conspiring in my favor since like the 9th grade, because I came up with this plan then to get into the media arts field and to be a cartoonist then an animator. I still have that plan today on my wall so now, it's happening. I do a ton of projects relating to Adobe After Effects, Premiere & Photoshop and we're learning to eventually be experts in the field.

In August of 2016 I officially started as a freshman at Delgado studying fine arts & visual communication. Back in high school it was like, you go through these classes and you'll be better qualified for job positions. Now that I go back to it, it's like a job because I pay them to teach me. I treat school like a job, in a way.

Who am I? An opportunity youth? A youth who needs opportunities? I'll take it. In 2014 there were about 6,820 opportunity youth in New Orleans in 2014 which is about 14.5% of all New Orleans 16-24 year olds. Sometimes programs like this will come and just boost you up. Sometimes you have to go through the trenches and still get to your goals. It's all about your will and determination to get there. When you see the opportunity you have to go grab it or else somebody else is gonna take it. You have to be serious with yourself about what you want to do with your life.

- G'KAR JACKSON

# CREATING OUR OWN LENS (COOL)

COOL was designed as a collaborative initiative to enhance access to hands-on career training in a vital industry and concurrently support the personal well-being of opportunity youth. This is achieved through a trauma-informed, healing-prescriptive workforce development model. COOL aims to create opportunities for individual recovery, improve interpersonal communication and coping skills, and develop profitable work experience and opportunities for employment. COOL strives to: 1) shift community perceptions and norms of young men of color by creating new narratives about young African American men; and, 2) influence change in policies and systems that obstruct the ability of these youth to achieve a healthy quality of life.

**STAT:** *Opportunity youth accounted for 14.5% of all New Orleans 16-24 year olds in 2014.*

**A** year ago my boss at the Youth Empowerment Project (YEP) told me about COOL and that I could learn about more camera stuff. So I signed up. For like three months or so I was taking pictures of the events that YEP had, but I was nervous at first. I was like, what I'm supposed to do? Am I doing the right thing? Now my process of thinking has changed. My dream job is to be a director, and not just so I can boss people around! That's just one of the perks, but yea, I really want to be a director.

The sessions we had with a clinical psychologist, they were great. It was cool getting to talk to somebody because, honestly, at first when I was asked if I'd like to talk to like a therapist, I was like, "Uhh, no. But I'll do it since I'm here." It turned out to be a great thing for me because it got me to think about things that I wouldn't normally think about. Before if I had a problem I would just try to get through it instead of actually taking the time to sit back and analyze the situation, instead of reacting.

For a while I was trying to figure out what I would do and I kinda didn't wanna go to college yet. I just didn't have opportunities. So I can understand how about 14.5% of all New Orleans 16-24 year olds in 2014 were considered "opportunity youth." It's great to have people helping others who don't think they have a second chance. That's big for our community. I wish we had more opportunities like that. Because if not, people kind of give up. Especially when they've been down and are always tryna get up, they just stop trying at a certain point.

**- IKEEM GEORGE**









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...sexually transmitted...  
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...allergic reaction...  
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# HIV TESTING AND PREVENTION PROGRAM (HTP)

The HIV Testing and Prevention Program includes: a social marketing campaign called Peer Advocates Undoing Stigma through Education (PAUSE); HIV counseling, testing and referrals; linkage to care; and an evidence-based intervention (Community PROMISE) to reduce HIV stigma and encourage African American and Latino youth ages 13-29 in New Orleans to access HIV testing services. The program aligns with the CDC's Comprehensive High-Impact Prevention model, which 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 by lowering the community viral load.

**STAT:** According to the CDC, youth ages 13-24 account for more than 1 in 5 HIV diagnoses in 2014.

I was in a youth development program when HTP came through and gave us HIV tests and showed us some videos about HIV. I was really interested, and I was just like, that would be cool to go around and do something like that. When they did the presentation, a lot of people didn't know about HIV. A lot of people in the classroom were just saying the weirdest stuff like "We can wash it off," or "You can get it if you kiss somebody." I was like, what? They even mentioned using two condoms. It was kind of sad to me, so I wanted to do something about it. I wanted to say something because I couldn't just sit there and just listen to all of it.

Now I'm a Peer Advocate. I post information on Facebook and people are starting to understand more about HIV. It feels good to see some of my friends share it, even my mom. I also recruit people to get tested at Walgreens and hand out condoms. I did that a lot. I still do. If I run into somebody and I have them (I keep them in my car), I'll be like, "You need some condoms?" They usually say "yea!"

It's important to me to get the word out about HIV, because a lot of young Black people don't really know anything about it. A lot of people I know don't know about PrEP. They honestly just don't really think too much about it. So knowing that youth ages 13-24\* made up more than 1 in 5 HIV diagnoses in 2014 is definitely a reason why I do this work. I wanna prevent as many people as I can from being newly diagnosed. With that number, I'll admit, I am shocked. It's sad. But there are ways to prevent it and I just hope that I can help getting out as much information as I can.

- ELIZABETH\*

\*This interviewee's name has been changed.



The poverty threshold is already unbelievably low, so any family below this threshold likely lacks many of the basic necessities of life - healthy food, reliable transportation, access to good schools, etc.



Shelter is a basic essential need that must be met in order for a family to be a family.



Children must have a basic need such as food met for them on a consistent basis. If children are hungry, it's hard to concentrate in school and learn.

Perception of safety is essential to assessing youth health and well-being. For youth especially, feeling safe [coupled with feeling loved] is a foundational aspect of positive mental and emotional health.



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.



Safety is an important underlying emotional status indicator, but how many kids in underserved communities feel safe?

# WELLNESS EVALUATION - COMMUNITY ACTION NETWORK (WE-CAN)

The Wellness Evaluation–Community Action Network (WE-CAN!) is an initiative seeking to address emotional wellness among youth as a crucial dimension of resilience in New Orleans by better understanding community wellness and promising ways to improve individual, community and systems interaction for young people in under-resourced communities.

The primary goal of the project is, through the use of community-driven data, to identify highly relevant conditions and experiences that impact well-being among youth aged 0–25 years.

**STAT:** *39% of New Orleans youth live in poverty (17 percentage points above the national average).*

Considering 39% of New Orleans youth live in poverty (17 percentage points above the national average), our WE-CAN! Team set out to understand that discrepancy. We started in 2015 with a three-part approach: a Youth Participatory Action Research (YPAR) project; parent and educator focus groups; and an extensive review of the published literature and existing projects that have developed or compiled indicators of youth well-being. Data from the YPAR and focus groups were analyzed to reveal themes that were combined with the results of the literature review, resulting in 93 constructs that were categorized into seven domains of youth well-being: Family Economic Security; Physical Health; Emotional Health; Social Connections; Learning and Preparation for the Future; Physical Environment and Safety; and Community, Facilities, Institutions, and Services.

In 2016 we completed the final step of the construct selection process, which was to present the constructs to a community expert panel composed of experts from various fields including mental health, urban health, public health, juvenile justice, early childhood development and education, and housing. The panel also included leaders from community-based, youth-serving organizations. The panel was charged with participating in a modified-Delphi consensus building process in which they reviewed and rated the constructs in order to identify those that were essential to understanding youth well-being.

At the conclusion of the process, the panel reached consensus on 85 constructs, 37 of which they agreed were essential in order to evaluate the status of youth well-being. Many of the essential constructs can be classified as “basic needs” - conditions and experiences that are critical for physical and emotional well-being. Basic needs include: “physiological needs” must be met for survival such as food, water, and shelter, and are primarily impacted by the availability of financial resources; “social needs” include relationships with family, peers, and others in the community that fulfill human needs to feel loved and accepted; and, “safety needs” reflect stability, order, and security in one’s life. Comments provided by expert panel members illustrate the essential nature of the basic needs constructs, as well as how they are related to one another.





# BEYOND EBIS

A Social-Emotional Decision-Making Approach to Adolescent  
Sexuality Education

# CREATING A FUTURE TOGETHER (CRAFT)

CrAFT is IWES' comprehensive sexuality education (CSE) and advocacy programming that seeks to expand youth access to medically accurate, age and developmentally-appropriate CSE so all youth have the opportunity to make informed decisions about their sexual health and lives. This is accomplished through 3 main initiatives: (1) creation, implementation, and evaluation of IWES' supplementary gender-transformative sexual health education modules; (2) working with schools/educational entities to increase their capacity to implement sexual health education; and (3) sexual health education policy advocacy with a youth council to call for increased and improved CSE.

**STAT:** *Since 1997, the federal government has invested more than \$1.5 billion dollars in abstinence-only programs - proven ineffective programs which censor or exclude important information that could help young people protect their health.*

**H**ow can evidence and research keep up with the rapidly advancing pace of social and cultural evolution? That question is important to IWES when relating to sexual health education, best practices and standards as the primary themes that need to be addressed in sex education haven't changed, however, the context of youths' lives has. In a 2009 publication, Advocates for Youth shared that, "since 1997 the federal government has invested more than \$1.5 billion dollars in abstinence-only programs..." Luckily, policies have more recently shifted in response, moving towards evidence-based programming. In fact, "researchers studied the National Survey of Family Growth to determine the impact of sexuality education on youth sexual risk-taking for young people ages 15-19, and found that teens who received CSE were 50% less likely to experience pregnancy than those who received abstinence-only education." Focusing on programs that demonstrate effectiveness has provided critical justification for funders and schools implementing what can be seen as controversial topics. This strategy has given a greater number of adolescents access to reproductive health information, but it has also stymied the development of new ideas and best practices by concentrating funding into a select group of interventions characterized as evidence-based. Since it takes an average of 17 years for an evidence-based intervention (EBI) to go from concept to dissemination, even for the most responsive EBIs, the lengthy process of establishing an intervention as "evidence-based" ensures it's likely to be outdated before it reaches full implementation with students. And at present, funding dictates programming and in order to meet the needs of youth, programming must take a more prominent role in informing funding.

This year CrAFT has continued to develop its own curriculum and explored a variety of avenues for dissemination. Staff chose to distill down the 20-session curriculum created in the previous program year to 5 modules that supplement existing EBIs. As a part of this process, staff researched and authored a white paper detailing challenges within current sex education norms and recommendations for supplementing and improving programming, entitled "Beyond EBIs: A Social-Emotional Decision-Making Approach to Adolescent Sexuality Education."

Within the sex education field, one often finds that available funding does not coalesce with demonstrated need and effective programming. It is therefore imperative that the field doesn't become stalled in the current EBI status quo. For this reason, Beyond EBIs goes beyond an evidence-based sexual health education curriculum and includes additional core strategies that are informed by the IWES approach. Included strategies highlight the important role of adults in creating a space for youth to process and contextualize curriculum content within their own lives. The modules themselves steep students in concepts of human rights, gender and sexuality, and how they are inextricably linked to sexual and reproductive decision-making and behaviors. We hope that the research and concepts presented in the white paper will be as useful to external audiences as they have been with guiding improvements to sex education internally.





# LOUISIANA YOUTH FOR TRUTH (LYFT)

The LYFT Council is a sexual health education policy advocacy group that calls for increased and improved comprehensive sexuality education (CSE) that is both gender-transformative and trauma-informed. The council is comprised of ten high school and college students who are passionate about youth access to information and services. The council members receive reproductive justice, advocacy, sexual health education and other relevant trainings that prepare them to advocate for policy shifts. Additionally, council members meet monthly to receive support and ongoing trainings in order to complete LYFT-designed projects that advance the council's mission.

**STAT:** *42 states participated in the 2013 YRBS and only two didn't implement the sexual health questions. Only 5% of states don't ask sexual health questions on the YRBS.*

**T**hey asked me to testify for a bill that would allow sexual health questions to be asked in Louisiana schools, and I was kinda unsure about it. I knew that 42 states participated in the CDC's 2013 Youth Risk Behavior Survey (YRBS), and Louisiana was one of only 2 states that didn't implement the sexual health questions. So I decided to do it because I had a horrifying sex ed experience and felt I was uniquely qualified to talk about it. The "instructor" in my parish gave us a piece of tape and everybody passed it around and put it on their arm and eventually it stopped getting sticky. She held it up. It was all dirty and she said "You see? This is like you when you become sexually active. The more you get around, the less sticking power you have, and the less clean you are." It would be one thing if she gave us any actual factual information with that, but she didn't. So sitting down and watching the elected officials listen to me, I could tell it was different when someone who actually experienced sex ed recently goes up there. I think that resonated with them. I looked at my legislator and thought about how their kids may have gone to the same high school I did, and may have experienced the same thing I did. I wondered if they talked to their parents about that.

We passed the bill through the House, but it had to go back through the Senate, where it didn't pass. Now we're just trying to meet with as many people as we can because the more we speak to them the more we realize they're not ideologically opposed to what we're doing. It's more that they don't understand what it means and the implications of it. I think they need to hear from more young people and more advocates to know how it could impact actual kids for the rest of their lives. That's all part of why I joined LYFT in 2015. It seemed like a unique opportunity to get involved in reproductive justice and educational equity and other issues I've always been passionate about but hadn't found an outlet to work within.

When you look at it, there's not an argument that can be made based on evidence for not including the questions. When 40 states include them, you have to wonder why we would choose not to. It's anonymous. You don't have to take it. You can skip any part. It's reported in the aggregate. There's not really an implication on personal privacy. We can collect this data and tailor our programs and be more effective, or we could not do it and not know where our kids are and how they compare to other states and not know how we should be spending our state's money on these programs to make them the most effective. It really is ideological. It's sad because it's misunderstanding. Wherever you are in your life and in your advocacy, wherever your experiences come from or however much experience you have, there is a way for you to absolutely do something. You don't have to be an activist. Anybody can call their state legislator. Anybody can get the word out to their friends and family, regardless of your resources or your experience, or your confidence in your ability to do so, it's just about doing the work and everybody's capable of it. At the end of the day they're just people, and it's their job to talk to you.

**- CLARE STAGG**

# 2016 STAFF



Talana Anderson	Steffani Bangel	Danielle Broussard	Gina Brown	Michael Chanley
Operations Manager	Program Coordinator	Research Manager	Program Associate	Sr. Program Coordinator
Keeanya Chenier	Hillary Donnell	Gabrielle Freels	Shelbi Gatlin	Ikeem George
Finance Director	Program Facilitator	Program Facilitator	Program Coordinator	Intern
Ashley Gothard	Jakevia Green	G'kar Jackson	Melanie Powers	Lisa Richardson
Program Facilitator	Evaluation Manager	Intern	Program Manager	Director of Research & Eval.
Rheneisha Robertson	Gabriella Roude	Nakita Shavers	Denese Shervington	Iman Shervington
Chief Operating Officer	Administrative & Program Assistant	Program Facilitator	Founder/CEO	Director of Media & Communications
Tracey Spinato	Chenier Taylor	Quinette Thomas	Aurora Tom-Quinn	Caitlin Wahlers
Senior Program Coordinator	Communications Consultant	Program Facilitator	Program Associate	Program Facilitator
Chloe Walters-Wallace	Briana White			
Media & Comms Manager	Program Manager			

We would like to acknowledge the contributions of former IWES staff in 2016:

Lila Arnaud	Stacey Cunningham	Emily Danielson	Anneke Dunbar-Gronke	Danielle Johnson	Brittany McBride	La'Keidra Mitchell	Della Wright	Issa Moquete
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# 2016 FINANCIALS

## STATEMENT OF FINANCIAL POSITION

TOTAL ASSETS	\$2,028,345
TOTAL LIABILITIES	\$ 94,194

## STATEMENT OF ACTIVITIES

<b>SUPPORT AND REVENUES</b>	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
Federal Grants	\$1,712,356	\$ -0-	\$1,712,356
Private Grants	-0-	1,231,100	1,231,100
Contract Income	34,200	-0-	34,200
Contributions	18,340	-0-	18,340
Other Income	4,794	-0-	4,794
Net assets released from restrictions			
Satisfaction of program restrictions	<u>950,150</u>	<u>(950,150)</u>	<u>-0-</u>

<b>TOTAL REVENUES</b>	<u>2,719,840</u>	<u>280,950</u>	<u>3,000,790</u>
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### **EXPENSES**

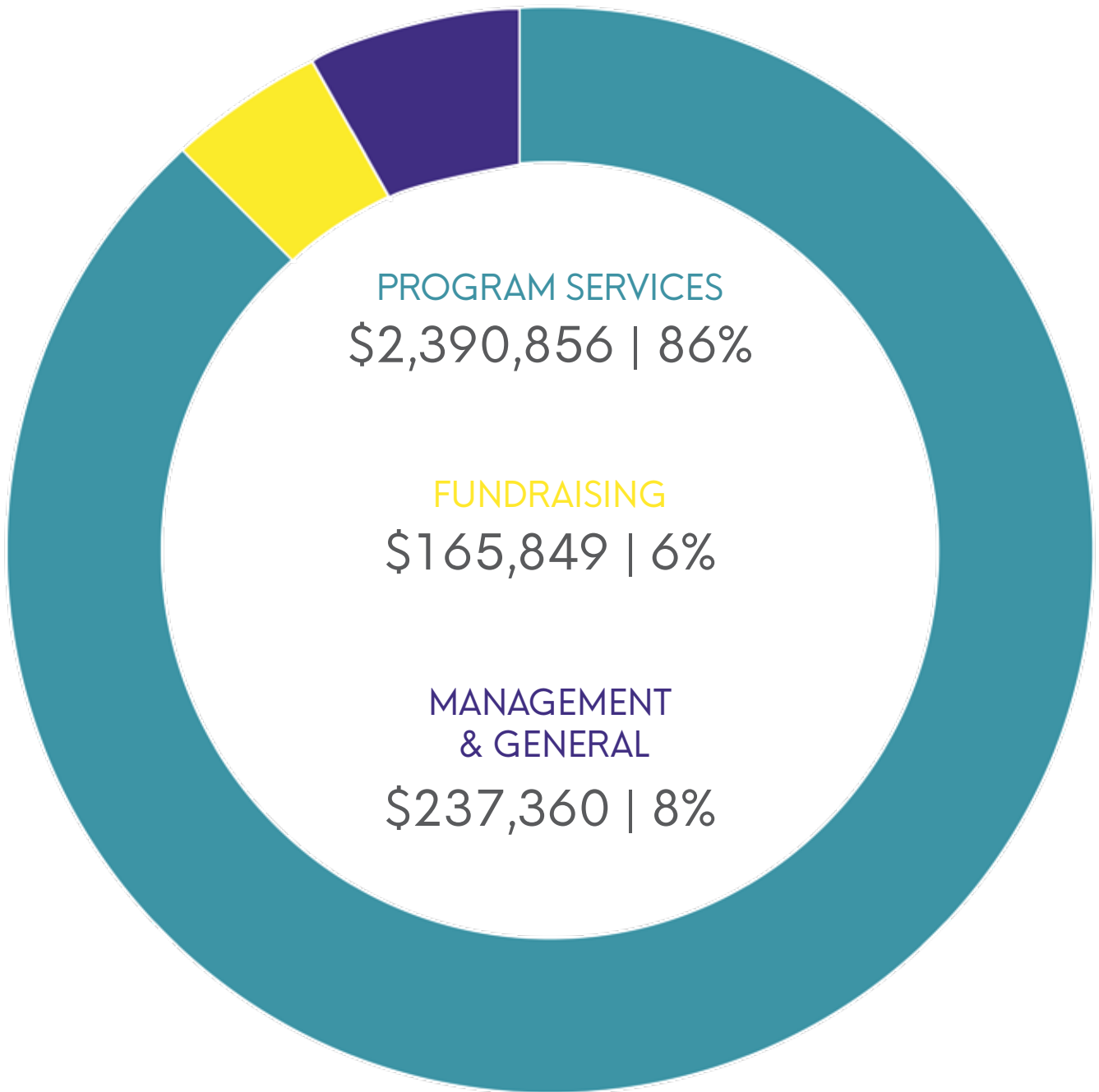
Program Services	\$2,390,856	-0-	\$2,390,856
Supporting Services			
Fundraising	165,849	-0-	165,849
Management & General	<u>237,360</u>	-0-	<u>237,360</u>

<b>TOTAL EXPENSES</b>	<u>2,794,065</u>	<u>-0-</u>	<u>2,794,065</u>
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Change in Net Assets	(74,225)	280,950	206,725
New Assets, beginning of year	<u>386,308</u>	<u>1,341,118</u>	1,727,426
New Assets, end of year	<u>\$312,083</u>	<u>\$1,622,068</u>	\$1,934,151



# FUNCTIONAL EXPENSES



# 2016 Funders

**ADVOCATES FOR YOUTH**

**CENTERS FOR DISEASE  
CONTROL & PREVENTION,  
DIVISION OF  
HIV/AIDS PREVENTION,  
PREVENTION PROGRAM  
BRANCH**

**DEPARTMENT OF HEALTH  
AND HUMAN SERVICES,  
OFFICE OF ADOLESCENT  
HEALTH**

**DAVID AND LUCILLE PACKARD  
FOUNDATION**

**W. K. KELLOGG FOUNDATION**

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& Chloe Walters-Wallace

**PAGES 4-5:** Photo Courtesy of Iman Shervington

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Walters-Wallace and Erica Gollub

**PAGE 14:** Photo Courtesy of Iman Shervington

**PAGE 16:** Photo Courtesy of Iman Shervington

**PAGE 18:** Photo Courtesy of Iman Shervington

**PAGE 21:** Photo Courtesy of Iman Shervington

**PAGE 22:** Photo Courtesy of Jeremy Tauriac

**PAGE 28:** Photo Courtesy of Iman Shervington

**PAGE 30:** Photos Courtesy of Iman Shervington & Chloe  
Walters-Wallace



INSTITUTE OF  
**WOMEN &  
ETHNIC**  
STUDIES

935 Gravier St. Suite 1140  
New Orleans, Louisiana 70112  
(504) 599-7712 (o) | (504) 599-7713 (f)  
[www.iwesnola.org](http://www.iwesnola.org)  
[info@iwesnola.org](mailto:info@iwesnola.org)



@iwes\_nola



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