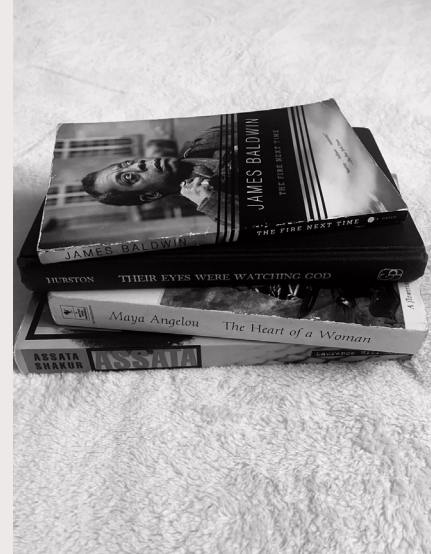
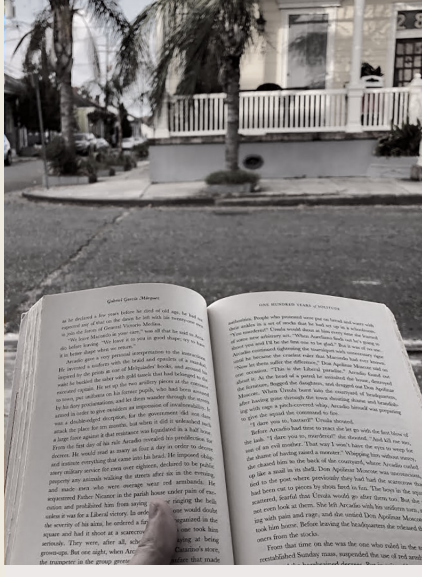




# NEW

# OLD WAYS

INSTITUTE OF WOMEN & ETHNIC STUDIES  
2020 ANNUAL REPORT







# Table Of Contents



2  
LETTER FROM THE FOUNDER

4  
2020 IWES BOARD PICTURES & BIOS

6  
MISSION, VISION, STRATEGIC OBJECTIVES, DIVISIONS

7  
TOTAL NUMBERS FOR SOCIAL & COMMUNITY REACH

8  
NEW OLD WAYS INTRODUCTION

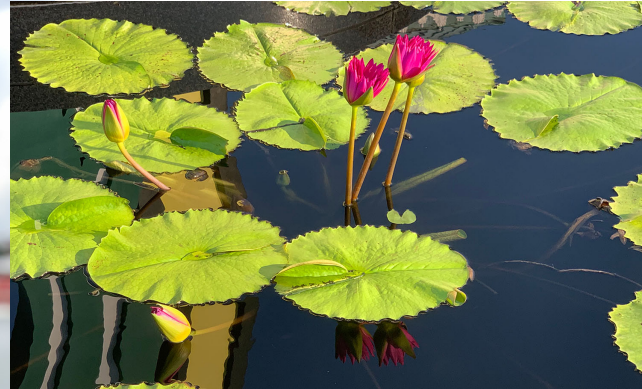
10  
PROGRAMS

22  
STAFF LIST

23  
FINANCIALS & FUNDING SOURCES

26  
PHOTO CREDITS





# Letter From The Founder

Upon traveling back from London to America on March 11th, it became obvious that we were on heightened alert - there was mystery and chaos in the air. Sure enough, a week later came the official word that the corona virus had traversed Wuhan China and become a global threat, a pandemic. We immediately had to pivot as we were plunged into lock down. At first it was just 6 weeks, then it was 6 weeks squared again, and then it squared all the way through the end of the year. In those early weeks, whether we could or could not continue the work and how we were going to do it were the prime concerns for all of the leaders in our workspace. Luckily, for those not providing essential services, virtual technology became our saving grace – Zoom, Teams, Webex, and Skype!

IWES is an organization that centers the human spirit in all we do, so the pandemic's existential threat to our staff and the community we serve was central to our response. Amidst the uncertainty, the confusion, and the fear, we had to find new ways to process what was happening, to get through the day-to-day, week-to-week, and month-to-month. We centered the simple yet profound truth - that the corona virus posed a severe threat to our survival and wellbeing, causing emotional distress such as heightened fear, anger, paranoia, and sadness; **all normal reactions to an abnormal situation!**

And, as each day brought word of mounting illness and death as the virus ravaged through our midst, the big questions before us were based around how to manage the human suffering unfolding amongst our staff, city, the state, the country, and even the world. Foremost, how would we abide by public health guidance to stay safe physically and simultaneously preserve our mental wellbeing and equanimity? Staying mentally well required deep interrogation into how best to individually and as a staff: 1) practice self and other care and cultivate and support each other's capacity for resilience; 2) manage issues of loss and grief, with a deep awareness and acceptance of all our mortality; 3) hold space, bear witness, and lean into the truth of suffering without becoming overwhelmed; and 4) ultimately, hold and befriend uncertainty, separation, and flux.

We therefore turned to the age-old wisdom of the ancestors and sages who came before us – that as humans we must accept the givens of our existence: the reality of our finitude, our eventual death; the boundless nature of our freedom to be and the choices we make for ourselves within our social contract; our inevitable isolation, since we alone can experience our consciousness; the untold mystery of life, why we exist and the nature of our purpose, which leads us to continually search for meaning. Hence, the underpinnings of all our initiatives reflected this reality that there is suffering in life, change is ever present, and we cannot control everything, but we do have the freedom to choose our response, and within that freedom lies our power.

We also trusted that as suffering arises, so suffering can end. Hence we endeavored to create a work environment that emulated practicing loving compassion towards self and others acknowledging that we are all fellow wayfarers through this round of existence; opening our hearts to joy within ourselves and sharing it with others; and striving towards equanimity, a well-balanced mind. We hope that all the initiatives that we imagined, recreated, and described later in this report reflect these principles.

To borrow from Charles Dickens, 2020 was indeed *the best of times, the worst of times, the age of wisdom, the age of foolishness, the epoch of belief, the epoch of incredulity, the season of light, the season of darkness, the spring of hope, the winter of despair.* How was it the best of times? I posit that the pandemic had the capacity to deliver us to our more 'individuated self' and to embrace and find delight in our connection with each other. For, to survive, we had to transform our aloneness into solitude, while simultaneously cherishing whatever social bonds we could maintain.

And how was it the worst of times? Amid a virus unleashing merciless vitriol towards humans came the descent into our primitive self, based on the ideology of a hierarchy of human value, manifested as white supremacy. George Floyd, this meditation on ending suffering is dedicated to you. Your Black body bore the suffering that has been unleashed on other Black bodies for centuries. We all watched in horror as your life was mercilessly kneed out from you for 9 minutes and 46 seconds on May 26th, 2020. May we never forget you and the countless others who have endured state-sponsored violence. And may we use your suffering as a motivator to continue to build and bend the arc towards a new world based not in hatred, but in principles of love, respect, and justice for ALL.

Only then will we be able to move towards peace and a more verdant world!

This text is also created in reverence to the millions of lives that we lost to COVID-19. May your existence add to the ancestral wisdom that guides all our lives!

Namaste,

Denese Shervington MD., MPH



# 2020 Board Members



## **Denese Shervington, MD, MPH | President & CEO**

Dr. Denese Shervington has an intersectional career in public health and academic psychiatry. She is the President of The Institute of Women & Ethnic Studies (IWES), a community-based translational public health institute in New Orleans. Dr. Shervington has held Clinical Professorships in the Departments of Psychiatry at Columbia University and Tulane University. A graduate of the New York University School of Medicine, she also received a Master of Public Health in Population Studies and Family Planning from Tulane University School of Public Health. She completed her residency in Psychiatry at the University of California San Francisco and is certified by the American Board of Psychiatry and Neurology. A Fellow of the American Psychiatry Association, in 2018, she received the Award for Excellence in Service and Advocacy, prior to which she received the Jeanne Spurlock Minority award. Dr. Shervington is also a member of the American College of Psychiatrists. In July 2019, Dr. Shervington testified before the Congress of the United States House of Representatives' Committee on Oversight and Reform on Childhood Trauma. She also co-chairs the New Orleans City Council (R-18-344) Children Youth Planning Board Taskforce on Childhood Trauma. She has authored several papers in peer-reviewed journals addressing health disparities, the social determinants of health, and resilience in underserved communities. Her recent publication is *Healing Is the Revolution*, a guide to healing from historical, intergenerational, interpersonal, and community trauma. She also hosts a podcast on trauma.



## **Michele M. Moore, JD | Board Chair** *Vice President of Global Communications at the Ford Foundation*

Michele Moore is a corporate and brand communications professional with 25 years of 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 stems 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 her B.A. in Communications at UCLA.



## **Kandice Doley, JD | Treasurer**

*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 on human rights and international law publications as a research assistant for the Henry F. Bonura, Jr. Distinguished Professor of Law, Ms. Jeanne M. Woods. 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 | Board Secretary** *Deputy Chief Administrative Officer for the 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's 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: on the Expert Group on Prevention of HIV in Women at the French Health Ministry, the National Institutes of Health (NIH) Advisory Meeting on Improving Acceptability Research, and the World AIDS Congress in Durban, South Africa.



## **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 Ph.D. 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, 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.



## **Dorothy Peprah, Ph.D., MPH**

*Senior Global Health Security Agenda (GHS) Advisor, USAID*

Dr. Peprah is a global health researcher and program implementer with a background in Anthropology and Epidemiology. Her areas of expertise/interest are social and behavioral change interventions; vaccination; WASH, community-based prevention and response to infectious disease outbreaks and emerging infectious diseases; and health systems strengthening in contexts of political transition and fragile states. Dorothy has worked with a variety of NGOs, and academic institutions, such as the International Rescue Committee (IRC), BBC Media Action, and the London School of Hygiene and Tropical Medicine (LSHTM), to deliver programs and conduct research in East Africa and Southeast Asia. She has lived in South Sudan, Sierra Leone, Ghana, and the United Kingdom.



# 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-engaged research, programs, training, and advocacy.

# 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 the quality of life.








# Organizational Strategies

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







# Divisions

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

# Social Reach

	TOTAL FOLLOWERS 14,738
 NEW VIDEO VIEWS 2,447	 TWITTER RETWEETS/ FAVORITES 4,170
 FACEBOOK LIKES, COMMENTS & SHARES 6,192	 FACEBOOK/ INSTAGRAM REACH 51,721
 NEW FOLLOWERS 505	 INSTAGRAM IMPRESSIONS 106,228

# Community Reach

 YOUTH SERVED 3602	 EVENTS/ PRESENTATIONS 217
 PARTNERSHIPS 136	 RESOURCES DISSEMINATED 5642
 COMMUNITY MEMBERS ENGAGED 4963	 EARNED MEDIA PIECES 21



# Intro To New Old Ways

**2020 was a year of unprecedented challenges. Amidst the uncertainty, the confusion, and the fear, we had to find new ways to process what was happening, to get through the day-to-day, and to heal from what was proving to be a very difficult year. After reflecting on that complicated year, we realized that a lot of the “new” ways we chose to adopt, really were just the old ways we’ve seen work time and time again, just applied in a new manner (i.e., over Zoom).**

**Human connection. Sharing space. Laughter. Learning. Crying. Listening.**

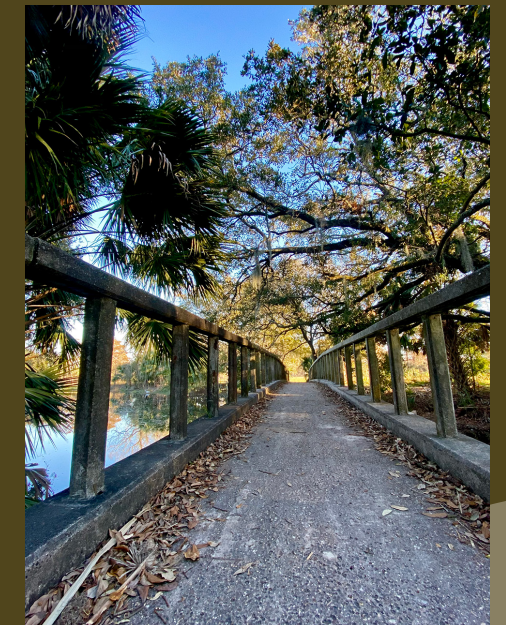
As long as we could take these basic principles and figure out how to adapt them to the current context, we realized we could find our way through the chaos, together.

In public health and the general non-profit world there are a variety of different strategies, tools, and tactics that can be used to conduct programming, research, and many other kinds of services. As mentioned above, many of them rely upon simple, well-known principles of human nature such as centering the arts and creative expression, recurring group processing and sharing, or allowing everyone in a group the turn to speak and be an expert on their own experiences. These principles just happen to be applied in new ways. One of our favorite techniques like this is Photovoice, which is a research methodology that invites participants to use the visual medium of photography to respond to prompts and themes generated during the research process. Over the years we have engaged in Photovoice activities with a variety of community groups—especially youth. We highly value this method because of its ability to pique the curiosity of the researchers that participate in it and give them alternative ways to reflect upon topics and issues that allow for a new way to express themselves and approach research.

Although it is used mostly to conduct qualitative research, we recently found that the structure and principles of Photovoice could be applied outside of a research study in an innovative new way; staff cohesion. Due to the extreme stress and instability of 2020, we had to find a way to bring our staff together and process both the pandemic and the political upheaval that was occurring. People around the world were feeling isolated and disconnected, and by just taking a few moments out of the day to capture an image, staff were able to create deeper human connections from

far away. It was beautiful to see the power Photovoice has to offer folks the creativity, license, and freedom to see the world differently, topic by topic. We were able to explore outside of our typical headspaces and even literally, at times, outside. We learned more about each other, our roots, and our families, without having to leave the confines of our homes; because we actually couldn’t at the time, anyway! At the root of this process was connection and community-building, and our staff’s photos beautifully encompass these ideals.

We kicked off our staff Photovoice in July 2020 by choosing the themes and topics we wanted to explore in the upcoming weeks. Due to the weight of the time we were living in, the themes ranged from heavy, yet timely topics like *COVID fatigue* and *resistance*, to lighter, more optimistic things such as *hope*, *healing*, and *joy*. Staff then had a week to take a photograph on their phones that they felt represented the theme, in whichever way they wanted to interpret it. Each week staff submitted their photos to our Media & Communications team, and they created a presentation with all of the images. Then finally we would gather once a week as an entire staff on Zoom and share the photos and allow each person to describe their image and/or what inspired them to take it; they could say whatever was on their minds. Then we’d open up the floor to the rest of the staff to respond, reflect, and react to each person’s visual interpretation of the prompt. We continued to engage in Photovoice until 2021, and through themes like *community*, *adventure*, and *authenticity*, each week we got to know each other a little better. Throughout this report, we’ve sprinkled in some of the imagery with the rest of our reflections on the year. We hope you enjoy seeing through our staff’s lenses as much as we did, reinterpreting the *old* in ways that were often *new*.



## DIVISIONS/PROGRAMS





# Community Resilience, Well-Being & Mental Health

IWES provides programming to enhance mental and physical health and emotional resiliency through community-level approaches to individual and collective recovery, resiliency, and healing of vulnerable communities, in particular youth.



## Collective for Healthy Communities (CHC)

Funded by W.K. Kellogg Foundation, United Way, Metropolitan Human Services District (MHSD)

The Collective for Healthy Communities (CHC) is an initiative that provides community-level interventions that promote well-being and resilience using a social-ecological approach (focusing on the individual, interpersonal, community, and societal levels). In addition, CHC advocates for policy changes that reduce the impact of traumatic exposures in children-at school, in the community, and in the home.

Since we are an organization that prioritizes mental health and emotional well-being, we wanted to share helpful information during the COVID-19 pandemic from a mental health perspective. Therefore, we published a white paper titled “[Mental Health Framework: Coronavirus Pandemic In Post-Katrina New Orleans](#)” that summarizes lessons learned from post-Katrina recovery efforts and how they apply to the pandemic. In the paper, we specifically call for a human-centered recovery and focus on both physical and mental health and well-being. These lessons were the theme of the year, and our CHC team, as they addressed the needs of the New Orleans community during the COVID-19 crisis. For example, we shifted all of our offerings to a virtual platform to continue past programming and create new programming to support youth, teachers, caregivers, youth-serving organizations, women, and many other community members. We created two new programs — #GetYaMindRight and Virtual Red Tents— to address thoughts, feelings, and fears during the pandemic by

focusing on themes such as coping, intergenerational trauma, freedom and evolution, and self-care. The sessions always contained licensed mental health staff and attendees were guided through various activities such as expressive movement, journaling, meditation, and group reflection.

### CHC Programs:

#### The Wellness Evaluation – Community Action Network! (WE-CAN!)

WE-CAN! is designed to address emotional wellness as a key component of resilience among New Orleans youth through improving collaboration, communication, and partnership among key community stakeholders and organizations.

#### Trauma-Informed NOLA (TI-NOLA)

In order to foster a child-centered, compassionate, and equitable city for all children in New Orleans, this program focused on community change efforts and supporting community partners through psychoeducational workshops.

#### Wellness Warriors

To address the emotional needs of youth during the COVID-19 crisis, our health educators and social workers collaborated to create *Wellness Warriors*, a virtual space for youth in the Greater New Orleans area and beyond to gather, cope, learn, and connect with their peers during the pandemic. As the group ended, members expressed their gratitude for finding a comfortable space to talk openly about their lived experiences without being judged or criticized. As one participant stated, “**It has been nice to be able to have comfortable conversations about uncomfortable things. It’s cool that we’ve created a positive space where we can also talk about negative things and not judge each other.**”

### Women’s Recovery Group

In partnership with Metropolitan Human Services District (MHSD), our social workers facilitated free Women’s Recovery Groups (WRGs) at MHSD clinics in New Orleans East, Central City, Algiers, and St. Bernard Parish promoting healing and personal growth for women seeking support in coping with substance use disorders and/or other behavioral health issues.

### Experience Recovery

Experience Recovery was open to any person served at MHSD interested in a weekly outpatient support group to cope with the challenges of the pandemic and learn vital public health information while incorporating meditation, movement, art, music, journaling, and play.

### Women’s Empowerment Hour

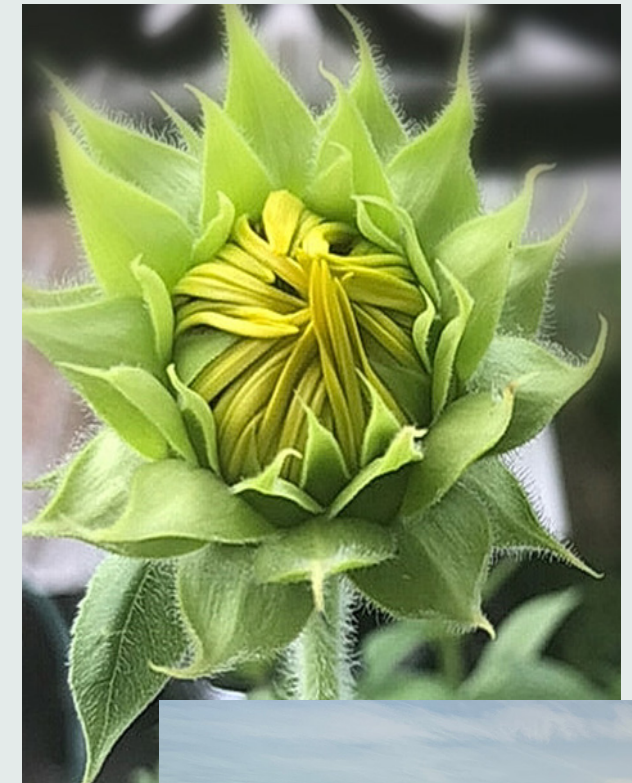
Using a trauma-informed approach, our social workers and public health professionals gathered input from Hotel Hope staff to design a curriculum for the women on-site to create a weekly Women’s Empowerment Hour that offered psycho-education and space for connection, processing, and support.

### #GetYaMindRight

In response to heightened anxiety and isolation due to the COVID-19 pandemic, we partnered with MHSD to create a virtual support space called #GetYaMindRight that focused on building participants’ ability to understand and manage their thoughts, feelings, and fears during the pandemic and beyond.

### Virtual Red Tents

Across a four-week period from late November through early December, our CHC and Communications teams curated four Virtual Red Tent events that were free and open to the public. Incorporating the first season of Dr. Shervington’s podcast, *Healing is the Revolution*, the sessions explored the intersections between Hurricane Katrina and the COVID-19 pandemic. In this virtual series, 116 community members explored themes like coping, intergenerational trauma, freedom, evolution, and self-care, and were guided through various activities such as expressive movement, journaling, meditation, and group reflection, all with the goal of fostering a deeper connection to self and others.







## Maternal And Child Health (MCH)

Funded by Merck for Mothers, Fondation Chanel, W. K. Kellogg Foundation

**Our Maternal and Child Health (MCH) programming works to improve maternal and infant mortality and morbidity through thoughtful collaborations with government, health systems, funders, insurance, and community-based organizations to reduce systemic and individual inequity. The MCH department’s goal is to implement policy changes and/or birth equity solutions in partnership with the community and healthcare providers to benefit women in the Greater New Orleans area and throughout Louisiana before, during, and after childbirth. To accomplish these goals, the department uses the following strategies: conducting qualitative and quantitative research; promoting MCH awareness on social media; co-designing training for perinatal community health workers and healthcare institutions; and effecting MCH-focused policy change at both the local and state levels.**

The MCH team both continued old initiatives and kicked off brand new projects in 2020! Through the campaign *My Body. My Voice. My Birth. My Support.* that began in 2019, we continued to highlight information and share resources that aim to reduce maternal and infant mortality and morbidity rates among people of color by breaking down systemic racial barriers, improving the quality of care provided, and advocating for policies that uplift the lives of families. To bring awareness to poor maternal and child health outcomes and bring new voices to the forefront, the MCH and Communications teams created a video series that highlighted stories from service providers, birthing families, lactation consultants, and more. In conjunction with Black Maternal Health Week, which took place April 11-17, the videos, along with other resources and educational information, were shared on our social media channels to great interest and engagement from followers.

As part of the Merck for Mothers *Safer Childbirth Cities* Initiative, the MCH team researched and drafted MCH policies to educate Louisiana lawmakers about access to quality and holistic care for mothers and birthing people, which included recommendations to improve the healthcare system for maternal and child health.

In 2020, the group compiled papers and presentations in these educational sessions given to lawmakers to create the report [“Enhance Access to Quality Care: Eliminate Louisiana’s Collaborative Practice Agreement Law: A White Paper by the MCH Coalition.”](#)

In addition to local policy and advocacy efforts to reduce maternal morbidity and mortality, our MCH team and our Merck for Mothers partners, Birthmark Doula Collective and National Birth Equity Collaborative, hired and trained Perinatal Community Health Workers (PCHWs), led provider trainings, provided doula services, and conducted six focus groups and 15 in-depth interviews with 40 participants. These participants included breastfeeding mothers, mothers whose infants had spent time in the Neonatal Intensive Care Unit (NICU), individuals who experienced child birthing complications, prenatal/labor and delivery nurses, OB/GYNs, midwives, and families who birth at home. This research was used to develop online campaigns focused on breastfeeding and midwifery awareness, and create trainings and presentations, and it will be further used in potential publications and for community dissemination.



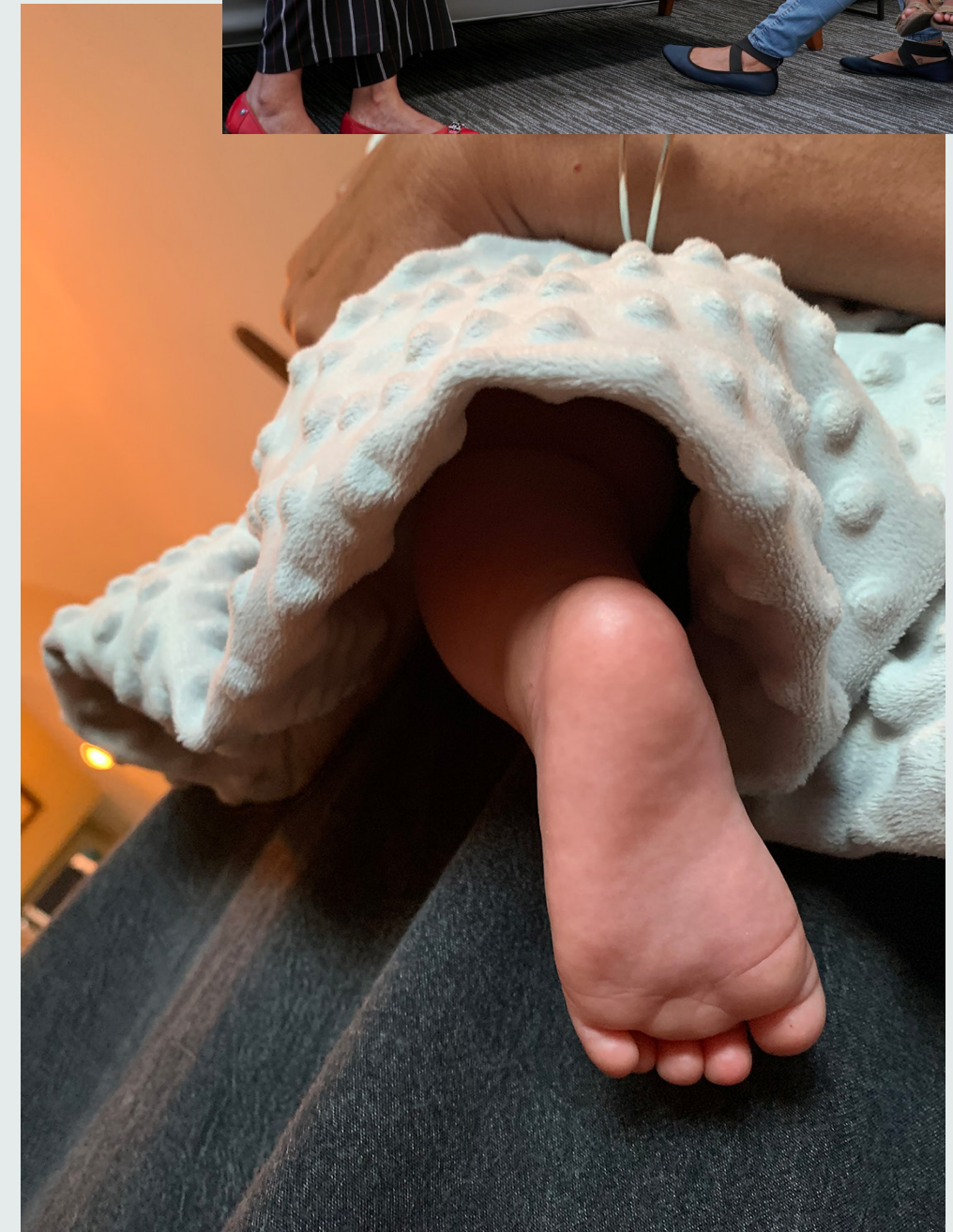
727  
Women receiving services through doulas/Perinatal Community Health Workers



312  
Providers received training through presentations/trainings from partner organizations



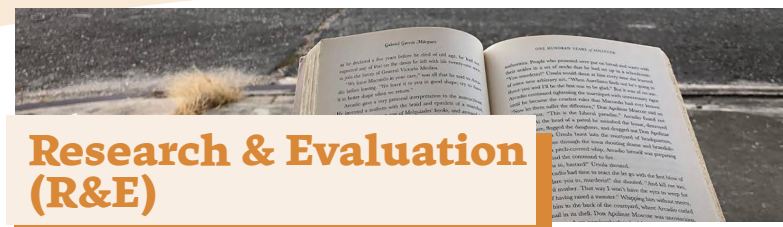
64  
Partnerships developed with organizations working on maternal mortality issues





# Research & Evaluation

The Research and Evaluation (R&E) team provides high-quality data collection and evaluation support to IWES programs and external partners. The team specializes in designing and conducting mixed methods research studies and has a growing collection of scholarly publications and presentations at national and international conferences.



## Research & Evaluation (R&E)

Funded by the David & Lucile Packard Foundation (Catapult/GEAS); Office for Victims of Crime (Transforming Family Justice Center Services: Creating New Pathways of Hope and Healing for Polyvictims); Robert Wood Johnson Foundation; National Institutes of Health (Healthy Neighborhoods Project)

### R&E Programs:

#### The Catapult Study: The Global Early Adolescent Study (GEAS) in New Orleans:

With support from the David & Lucile Packard Foundation and partnerships with the World Health Organization (WHO), Johns Hopkins University School of Public Health (JHUSPH), and research teams from around the world, IWES launched the Global Early Adolescent Study (GEAS) in New Orleans. The study aims to understand the factors in early adolescence that predispose young people to subsequent sexual health risks and conversely promote healthy sexuality, to provide the information needed to promote sexual and reproductive well-being. Before the COVID-19 pandemic reached New Orleans, the Catapult Study reached a total enrollment of 1207 youth. Study enrollment and follow-up with participants halted for all sites globally as conditions amid COVID-19 worsened across the globe, which prompted the closure of schools, the ceasing of operations for non-essential businesses and industries, and the proclamation of shelter-in-place orders for non-essential workers.

↳ **COVID-19 GEAS Sub-Study:** To better understand youths' experiences during the pandemic, the Johns Hopkins School of Public Health and the collaborating GEAS research teams launched a sub-study of IWES' Global Early Adolescent Study. While there is growing focus globally on mental health impacts among adolescents, there is little data offering descriptive analyses on these impacts experienced by adolescents, nor informing intervention, and even less data on a

global scale. Therefore, one of the goals of the sub-study is specifically to elevate youth voices toward informing global data on child and adolescent mental health being compiled by the United Nations International Children's Emergency Fund (UNICEF) as part of the 2021 State of the World's Children (SWC) report. Through the sub-study we were able to see how young people faced unique challenges adapting to new ways of learning, connecting, and developing during the COVID-19 pandemic. Through remote, electronic surveying and four virtual focus groups, the IWES research team engaged youth ages 11-16 in a series of conversations about their experiences amid the pandemic to better understand the specific challenges and implications for their emotional well-being and academic success.

To no surprise, young people were well aware of the COVID-19 virus, how it is transmitted, and the importance of social distancing; *"You can't live in the world right now and not hear that term and know what it means."* They expressed feeling not only responsible for themselves when aiming to prevent the spread of the virus but also a social responsibility to protect their loved ones and others as they quarantined. Participants also felt a lack of motivation, especially with schools moving to virtual platforms, and that they weren't receiving the hands-on support necessary to be successful. They also expressed fears about being unprepared for their futures and missing out on the typical school experiences. Feelings of isolation were also resounding. Sheltering in place has not been easy for young people, especially as their friendships, familial relationships, school, and social experiences have significantly been impacted.

The group provided ways that adults can continue to support young people through these difficult times, highlighting that both communication about COVID-19 as well as familial and non-familial support are crucial to them. *"Just because you don't talk about it doesn't mean it's not happening."* With youth voices at the forefront of the conversation, we hope to continue learning about how and what we as adults can do to ensure children and adolescents have the opportunity to thrive, despite the ongoing challenges posed by COVID-19.

### ↳ National Youth Advisory Board (NYAB):

Throughout 2020, studies shifted to focus on learning about adolescents' experiences amid COVID, capturing their perspectives on threats to their mental health and wellbeing. In that vein, IWES became one of five GEAS sites awarded funding from the Bill and Melinda Gates Foundation to more meaningfully engage youth beyond their participation in the GEAS study by inviting their perspectives in service to a National Youth Advisory Board. IWES created a school year-length youth Participatory Action Research internship that GEAS participants could join. Seven high school students were selected, and four youth went on to complete the internship fully. Through the participatory process, participants chose the following focal areas for advocacy efforts: mental health and bullying, gender norms and LGBTQIA+ issues, and economic disparities.

### Transforming Family Justice Center Services: Creating New Pathways of Hope and Healing for Polyvictims:

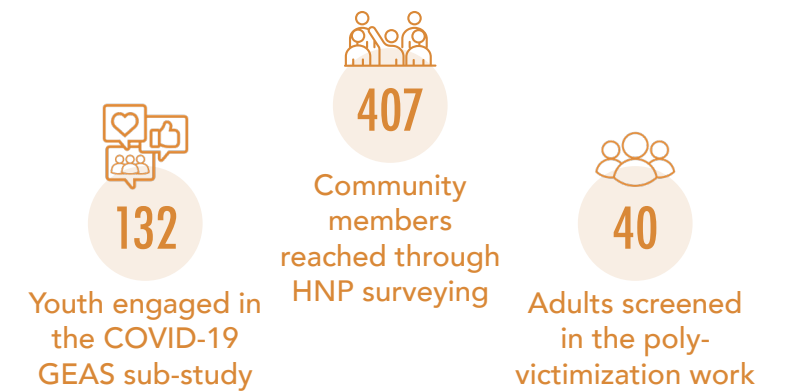
The Office for Victims of Crime (OVC) within the National Department of Justice is leading the federal government's efforts to holistically address the national epidemic of trauma. It is committed to enhancing the nation's capacity to assist crime victims and provide leadership in changing policies and practices to promote justice and healing for all victims of crime.

As a part of our work to understand polyvictimization, the team continued to implement the polyvictimization assessment tool that we created in collaboration with NOFJC, and which assesses experiences of 26 events and 18 symptoms. In 2020, 38 adult women and two adult men receiving services at NOFJC were screened with the poly-victimization screening tool, and 100% met the criteria of having experienced polyvictimization. The most prevalent traumatic events experienced were: poverty (in childhood), financial abuse (in adulthood), and emotional/verbal abuse (in adulthood within the past year).

**Healthy Neighborhoods Project:** *How does our environment impact our well-being?* Our R&E team is attempting to answer this question in partnership with Tulane University's School of Public Health and the Mary Amelia Center as a part of the Healthy Neighborhoods Project (HNP). HNP is a research project investigating the impact that the physical environment has on resident and community well-being by looking into the relationship between the presence of blight and community violence, as well as various health and social factors experienced by residents across New Orleans.

The HNP began in 2019 with the belief that all neighborhoods in New Orleans should be vibrant and healthy places to call home. Despite the challenges of the COVID-19 pandemic, the HNP continued to

accomplish research goals, have success engaging residents, work with the City of New Orleans to remediate blighted properties, and promote community-level interventions to make neighborhoods healthier and safer for all residents. In 2020, the HNP closed out of baseline surveying, which was conducted with 407 residents across New Orleans neighborhoods. In addition to the survey component of the project, the HNP also engaged residents through conversations in the form of key informant interviews and focus groups. This year, we successfully conducted virtually-facilitated key informant and focus group interviews with 38 New Orleans residents.

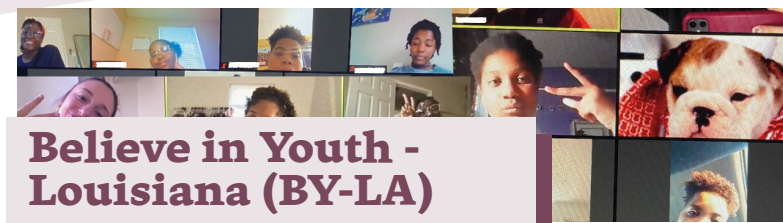




# Positive Youth Development



IWES prepares young people to meet the challenges of adolescence and adulthood through activities and experiences that help them develop social, sexual, emotional, and cognitive competencies. 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.



## Believe in Youth - Louisiana (BY-LA)

Funded by The Department of Health and Human Services (DHHS), Office of Population Affairs (OPA)

**Believe in Youth-Louisiana 2.0 (BY-LA 2.0) is a trauma-informed teen pregnancy prevention program that teaches age-appropriate sexual and emotional health to young people in Louisiana. The program's goal is to reduce the rate of teen pregnancy, birth rates, HIV, and other Sexually Transmitted Infections in youth ages 11-19 in Southeast Louisiana. Programming is implemented in a number of settings, including schools, community-based organizations, faith-based organizations, and juvenile justice facilities. BY-LA health educators implement the Reducing the Risk (RtR) and Get Real evidence-based programs, in addition to four supplemental emotional wellness modules. The modules focus on emotional wellness, stress, and coping skills. 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. The program aims to reach youth with multiple interventions over the course of their adolescence.**

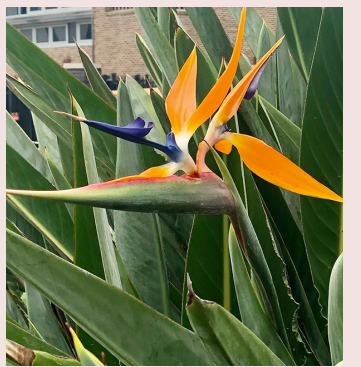
During mid-March 2020, mandatory stay-at-home orders were put in place for Louisiana due to the COVID-19 pandemic. Although in-person implementation of programs was restricted, the BY-LA 2.0 team identified alternative options to provide age-appropriate, medically accurate information about health-related topics to youth virtually. The team created a series of one-hour, visually engaging, and youth-friendly virtual presentations covering topics

such as Healthy Relationships, Stress Management, Coping Skills, Puberty & Hygiene, Consequences of Sex: HIV/STIs, and Teens, Sex, and the Law. A total of 12 sites received the one-hour virtual presentations in which 194 youth were served.

In addition to offering the virtual one-hour presentations, BY-LA 2.0 health educators also hosted virtual office hours to engage with youth participants and answer questions related to topics covered during BY-LA 2.0 implementations and one-hour presentations. Additionally, in collaboration with our Collective for Healthy Communities (CHC) Division, BY-LA 2.0 team members co-created the aforementioned virtual youth support group, *Wellness Warriors*, which was open to youth ages 11-18 to share information with them on topics related to mental health and provide them with tools to cope during the COVID-19 pandemic. The support group offered young people a space to learn about common mental health issues, work toward managing stress and change, and determine strategies for living healthily and happily during the pandemic.



# STI/HIV Prevention & Care



IWES aims to reduce HIV stigma and expand access to HIV/STI testing services, treatment, and care, specifically among African American and Latinx people ages 13 and older, through our STI/HIV Prevention & Care division. There is a disparate burden of HIV and other STIs in the South and, in particular, in Louisiana, especially among people of color. We work towards ending the HIV epidemic by decreasing the rising rates of STIs, increasing the visibility and accessibility of services, and normalizing conversations about risk and prevention through our programs and services. These services include providing HIV, Syphilis, and Hepatitis C testing, facilitating a virtual support group for Black women living with HIV, and providing support for people living with HIV.



## HIV Testing & Prevention (HTP)

Funded by the Centers for Disease Control & Prevention's Comprehensive High-Impact HIV Prevention Projects for Community-Based Organizations; Louisiana Office of Public Health (SHHP)

**The HIV Testing and Prevention (HTP) program works to reduce HIV stigma and encourages Black and Latinx people ages 13-60 to access HIV testing services and care in the Greater New Orleans area. HTP employs a high-impact prevention strategy with five key components: targeted HIV testing, the antiretroviral treatment and access to services (ARTAS) strategy for linkage to care, the Community Peers Reaching Out and Modeling Intervention Strategies (Community PROMISE) community-level HIV prevention intervention, IWES' Peer Advocates Undoing Stigma through Education (PAUSE) communications strategy, and the distribution of condoms and safer sex kits.**

In 2020, HIV screening efforts were hampered due to the pandemic, with HIV testing being suspended in Louisiana in March. As a result, IWES developed a self-test mitigation protocol to continue to offer screenings to the community. The HTP team worked with our Communications team to create promotional materials to promote the self-test mitigation pilot. In order to conduct the self-tests, clients participated in a screening via phone or virtual platform to incorporate the counseling component of HIV in-person testing. In total, we distributed 38 tests via the HIV Self-test program.

During the late summer/early fall of 2020, community-based organizations were allowed to resume in-person HIV testing. In order to protect the health of our

clients, testing was conducted with COVID-19 safety protocols put in place. This was particularly important because of the added risk that those living with HIV have to get severe or life-threatening cases of COVID.

### HTP Program:

#### STI, HIV, and Hepatitis C (HCV) Program SHHP:

Through a partnership with the Office of Public Health, STI, HIV, and Hepatitis C (HCV) Program (SHHP), IWES works to reduce health disparities among priority populations in Region 1 – Jefferson, Orleans, Plaquemines, and St. Bernard parishes – of Louisiana. Using 4th generation point of care HIV testing, as well as expanded sexually transmitted infection (STI) screening and linkage to treatment services, IWES offers integrated HIV/STI screenings that include HIV, syphilis, and HCV. Screening and treatment services were administered by trained and certified staff of IWES in settings assessed and certified by the SHHP as being appropriate for the provision of screening to assure compliance with health regulations, maintenance of confidentiality, and adherence to HIPAA laws, as well as the comfort of clients receiving screenings.







## Out of the Shadows (OOS)

Funded by ViiV Healthcare

IWES and the Southern AIDS Coalition partnered together to launch *Out of the Shadows (OOS)*, an initiative to address issues of isolation and stigma among Black cis- and transgender women ages 18-65 that are living with HIV, and provide a supportive environment to expand the participants' networks of care and support. During the sessions, women participated in storytelling, personal mapping, and interactive dialogues to help build self-awareness and improve self-esteem and self-worth; learn about the impact of trauma, such as living with HIV, disaster, violence, and sexual assault; cultivate positive thinking techniques; adopt healthy lifestyles (i.e., healthy nutrition, exercise); practice self-care and apply techniques to manage stress (i.e., yoga, meditation); and participate in activities for renewal and revival.

The effects of the COVID-19 pandemic had an additional layer of impact for OOS participants, as some of the women felt even more isolated than they had prior to the stay-at-home orders. Therefore, participants expressed that the formulation of the group at that time was very helpful for them to stay connected and create a sense of community, especially one focused on wellness. The support groups began in July 2020, and through the rest of the year the women demonstrated an increased use of the coping and prosocial skills they were learning as a group. "Supportive," "liberating," and "sisterhood," were just some of the words they used to describe the program, which indicates an increased feeling of support and a decrease in feelings of isolation. As a result of these positive sentiments, the participants requested to increase the group occurrences to bimonthly!



Black women living with HIV enrolled in OOS



Out of the Shadows support group sessions held



## The MORE Project

Funded by the City of New Orleans Office on Health Policy & AIDS Funding (CLTC); US Department of Health and Human Services' Office on Women's Health

The MORE Project is a program that employs holistic and innovative strategies to reduce harm after experiencing intimate partner violence (IPV) and to promote positive social norms against IPV. The intended long-term impact of this work is to reduce the prevalence of IPV perpetration and victimization and reduce the burden of HIV within the vulnerable victim/survivor population. The project has two program goals. The first goal is to support victims/survivors of IPV in New Orleans to lessen harm in order to prevent HIV transmission, increase HIV screenings, and improve access to services for individuals with newly-acquired HIV infections. The second goal is to promote social norms that protect against IPV in New Orleans.

Despite the obstacles caused by the pandemic, the MORE Project team virtually continued their work and hosted provider and mentor trainings, conducted a provider survey, led an environmental scan, and continued to provide HIV/IPV screenings through in-person and at-home testing. To accomplish their goals, the MORE Project collaborated with community partners and service providers, including the New Orleans Family Justice Center (NOFJC), Silverback Society, 100 Black Men, Son of a Saint, Blessed 26, New Orleans Recreation Development Commission (NORDC), the local chapter of the NFL Players' Association, and the New Orleans Health Department.

### The MORE Project Program:

**LinkMORE+:** Linking people living with HIV (PLWH) into medical care immediately after being diagnosed is critical to ending the HIV epidemic. Data from 2017 showed that approximately 25% of PLWH in New Orleans are not linked to care, and only 58% stay in care. In 2020, as part of the MORE Project, IWES launched the LinkMORE+ program to address these gaps by working individually with clients who are newly diagnosed or out-of-care and also with partners who serve individuals at risk for HIV transmission. Accessible to all clinics and persons living with HIV, LinkMORE+ is a referral-based service and can link an individual to any HIV care provider of their choice. LinkMORE+ uses the CDC's Anti-Retroviral Treatment and Access to Services (ARTAS) strategy to help clients set goals and identify personal strengths, coordinate their first medical care appointment, and address other essential needs.



Community partners



Providers attended trainings hosted by the MORE Project



Mentors & coaches attended interactive IPV awareness workshop sessions



Providers responded to a survey assessing HIV/IPV screening practices



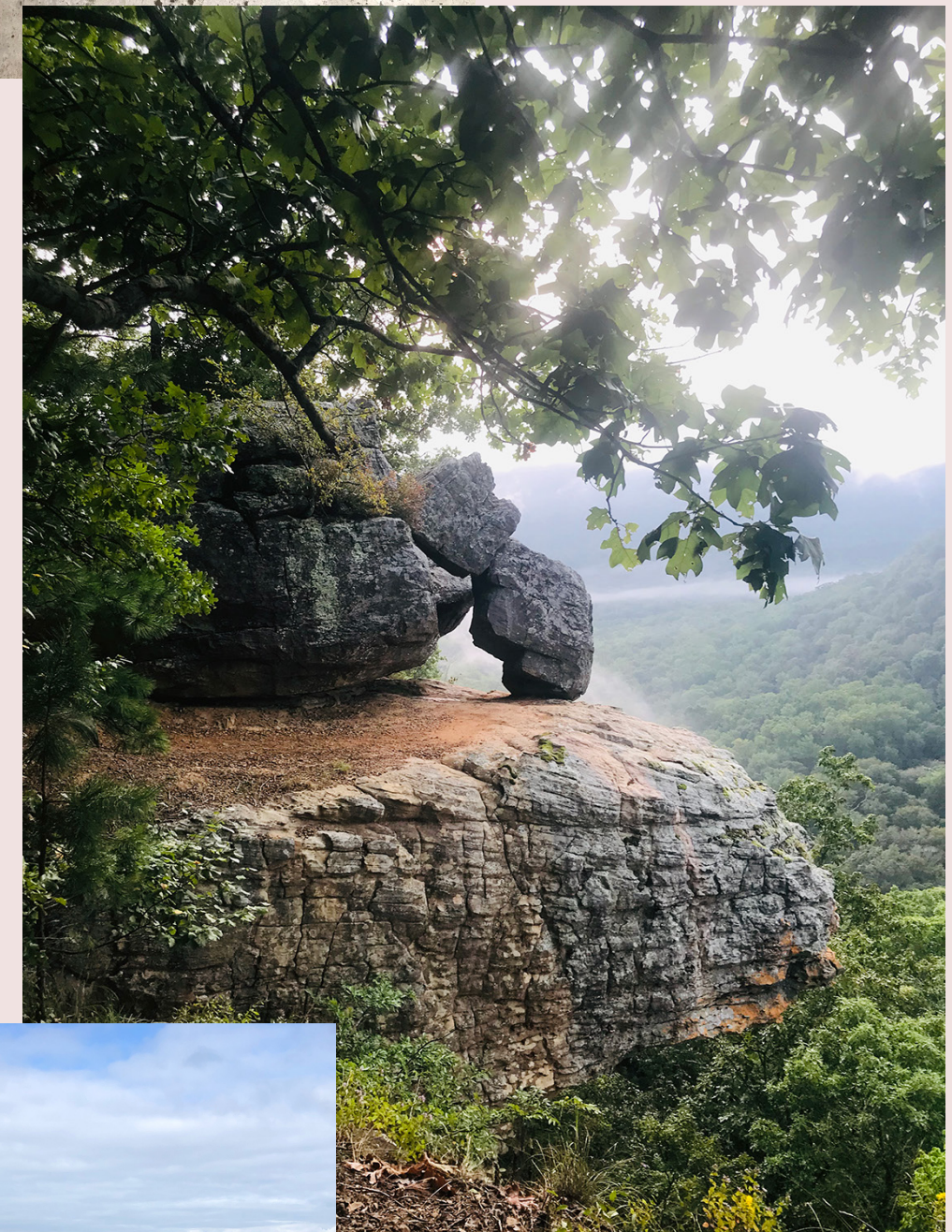
HIV-only screenings conducted by IWES



HIV/IPV screenings conducted by IWES and NOFJC



Services provided during the HIV/IPV screenings conducted by IWES and NOFJC





# Media & Communications

Utilizing mediums such as film, photography, graphic design and social media, IWES creates award-winning projects and campaigns to share our comprehensive vision of health and contribute new voices and lenses to the fields of media and communications.



Our Media and Communications team leaned into new projects and campaigns in 2020, including the *Healing Is The Revolution* podcast, a new iteration of the *In That Number* campaign, and the launch of an impactful new campaign, #ThisIsWhy. During this time, the team also continued to support all of our divisions as they transitioned to virtual spaces for their programming; facilitated branding and marketing workshops for new programs, like the MORE Project; and crafted curated social media campaigns, such as the *My Body. My Voice. My Birth. My Support.* video series. Throughout the year, the Communications team was also very committed to sharing information, resources, encouragement, and pertinent updates on social media for the community to connect to local, regional, and national resources and get the public health knowledge they needed about the COVID-19 virus in an easily understood way.



**In That Number – Education and Juvenile Justice:**

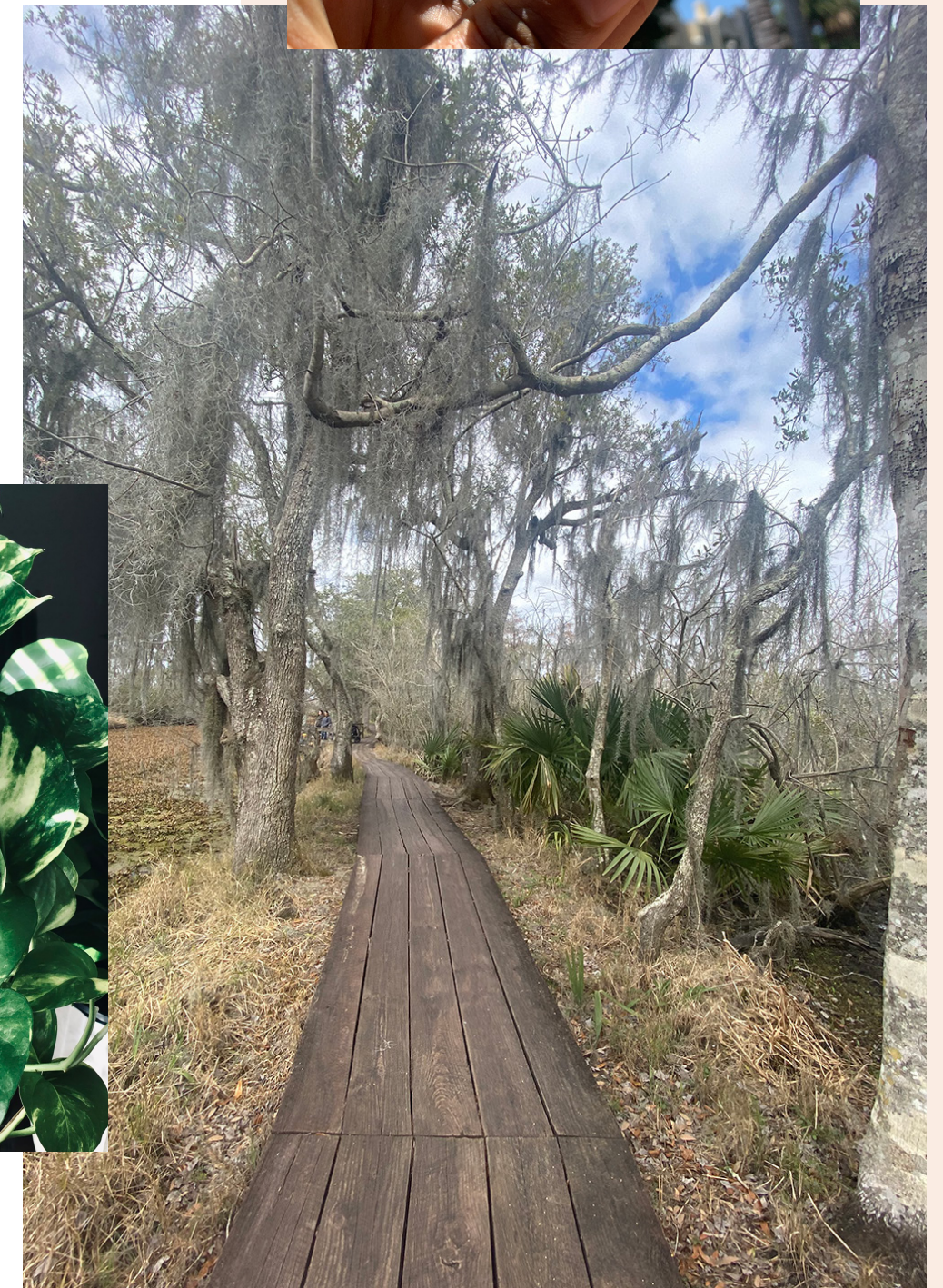
At the beginning of 2020 we launched a new iteration of the *In That Number* campaign, focusing on two crucial, community-identified systems—the education and the juvenile justice systems. In partnership with Black Education for New Orleans (BE NOLA), we highlighted six Black educators and education changemakers in New Orleans who shared their insights about how trauma impacts students and educators alike and how trauma-informed care can make a difference. To shed light on the lack of trauma-informed care, practices, and services in the juvenile justice system, we highlighted the experience of five youth from the Welcoming Project who had been in the juvenile justice system. They shared what it was like growing up and the impact the juvenile justice system has had on them and their families. Across the city, both the educators and the young people were featured on billboards alongside a quote from their interviews, and their stories were shared on social media and the *In That Number* website.



**Launch of #ThisIsWhy:**

2020 was also the year we launched a brand new campaign in reaction to what we were witnessing in real time. In light of the disproportionate impact the COVID-19 pandemic was having on Black folks across the United States and the continued worsening of health outcomes exacerbated by the pandemic (i.e., even less access to hospital/clinical services), we launched *This Is Why*. The campaign has two major components— #ThisIsWhyWeThrive and #ThisIsWhyWeDie. #ThisIsWhyWeThrive is an assets-based approach that celebrates the

organizations, individuals, businesses, and diverse cultural and resiliency factors that catalyze Black wellness. As a sobering counterpart to the richness displayed through the Thrive component of the campaign, #ThisIsWhyWeDie explores the systemic inequities that lead to disparities in African American health. The campaign kicked off with nine Thrive features that showcased local leaders—from food justice to arts activism to inclusive fitness—that showed the resiliency and diverse culture that helps the community to thrive. It continued with crowd-sourced videos from Black people that had negative experiences within health systems that they could attribute to the sole fact that they were Black. Throughout the year we gathered stories to feature as a part of the campaign, and developed further strategies to showcase just how much Black communities have the capacity, will, and knowledge to Thrive!





# Staff List

**Almeeta "Fay" Love**  
Administrative Manager

**Ashley Everett**  
Adolescent Health Sr. Program Manager

**Bridgette Ryan-Ortiz**  
Communications Manager

**Caleigh Balsamo**  
Program Coordinator

**Christi LaMark**  
Director Of HIV/STI Initiatives

**Christina Illarmo**  
CHC Director

**Dr. Denese Shervington**  
Chief Executive Officer

**Em Szklarski**  
Communications Coordinator

**Gabriella Roude**  
Research & Evaluation Manager

**Gabriella Valentino**  
BY-LA 2.0 Lead Associate

**Gabrielle Freels**  
Program Implementation Manager

**Hannah Allen**  
Program Coordinator

**Imani Butler**  
BY-LA 2.0 Associate

**Iman Shervington**  
Director of Media and Communications

**Jakevia Green**  
Program Director

**Jason Foster**  
Sr. Production Coordinator

**Jennifer Latimer**  
Project Manager

**Kaelyn Charbonnet**  
BY-LA 2.0 Associate

**Kala Rachal**  
BY-LA 2.0 Associate

**Kenyatta Parker**  
Director of Adolescent Health

**Leticia De Los Rios**  
Program Manager of Special Initiatives

**Lisa Richardson**  
Chief Impact Officer

**Loi Tran**  
Director of Finance

**Lucy Blumberg**  
Lead BY-LA 2.0 Associate

**Meagan Dunham**  
Community PROMISE Associate

**Meshawn Siddiq**  
Sr. Program Manager of Maternal & Child Health

**Morgan Weber**  
BY-LA 2.0 Associate

**Priya Lewis**  
HRSA Sr. Program Manager

**Rheneisha Robertson**  
Chief Program Officer

**Ryann Martinek**  
BY-LA 2.0 Lead Associate

**Talana Anderson**  
Grants Manager

**Tylar Williams**  
Program Coordinator

**Zoe Francis**  
Chief Operating Officer

## Former Staff:

**Angelita Brown**  
Director Of HIV/STI Initiatives

**Earnis Collier**  
ARTAS/CLTC Associate

**Airian Collins**  
Administrative Assistant

**Huyen Bui**  
CHC Program Coordinator

**Jesenia Angelo**  
Evaluation Manager

**Nikkisha Napoleon**  
HIV/STI Testing Associate

**Yohonna Hakeem**  
BY-LA 2.0 Associate





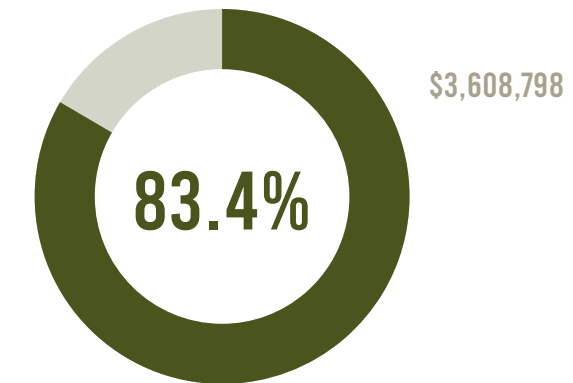
# Financials

## STATEMENT OF ACTIVITY

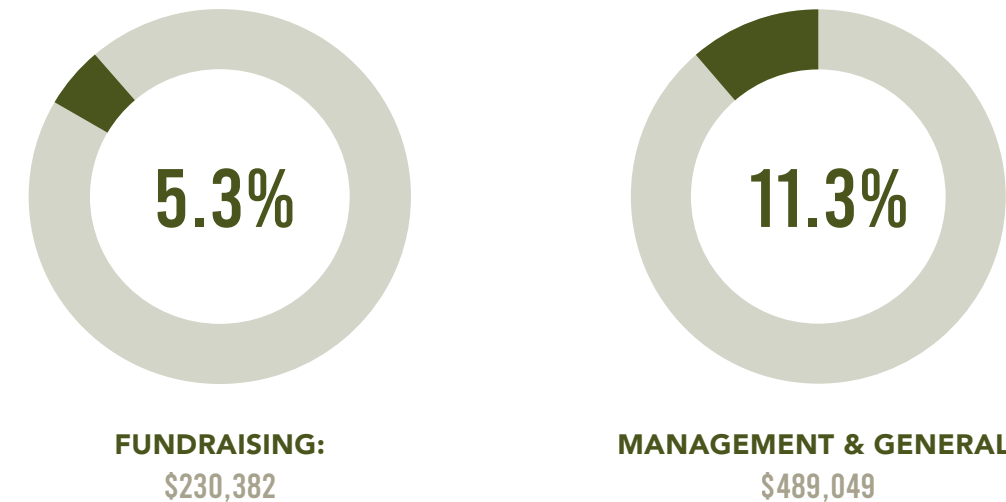
SUPPORT AND REVENUES	UNRESTRICTED \$	TEMPORARILY RESTRICTED \$	TOTAL \$
Federal Grants	\$ 2,172,826	\$ 0	\$ 2,172,826
Private Grants	0	658,882	658,882
Contract Income	489,556	0	489,556
Contributions & Donations	17,312	0	17,312
Other Income	45,783	0	45,783
Net Assets Released From Restrictions:			
Satisfaction Of Restrictions	<u>1,104,937</u>	<u>(1,104,937)</u>	<u>0</u>
<b>Total Support and Revenues</b>	<b>3,830,414</b>	<b>(446,055)</b>	<b>3,384,359</b>
<b>EXPENSES</b>			
Program Services	3,608,798	0	3,608,798
Supporting Services:			
Fundraising	230,382	0	230,382
Management and General	<u>489,049</u>	<u>0</u>	<u>489,049</u>
<b>Total Expenses</b>	<b>4,328,229</b>	<b>0</b>	<b>4,328,229</b>
Change In Net Assets	(497,815)	(446,055)	(943,870)
Net Assets, Beginning Of Year	<u>245,213</u>	<u>3,480,244</u>	<u>3,725,457</u>
Net Assets, End Of Year	<b>\$ (252,602)</b>	<b>\$ 3,034,189</b>	<b>\$ 2,781,587</b>

# Functional Expenses

## PROGRAM SERVICES



## SUPPORTING SERVICES





# Photo Credit

**Cover:** Dr. Denese Shervington, Mary Okoth, Tylar Williams, Iman Shervington, Priya Lewis, Drew Schwenk, Bridgette Ryan-Ortiz, Imani Butler

**Table of Contents:** Imani Butler, Kaelyn Charbonnet

**Page 2:** Dr. Denese Shervington, Iman Shervington

**Page 4-5:** Iman Shervington, Jason Foster

**Page 6:** Dr. Denese Shervington,

**Page 9:** Caleigh Balsamo, Almeeta "Fay" Love, Imani Butler

**Page 10-11:** Tylar Williams, Meshawn Siddiq, Meagan Dunham, Iman Shervington, Christina Illarmo

**Page 12-13:** Kaelyn Charbonnet, Brittney Durham, Jason Foster, Gabriella Roude

**Page 14-15:** Drew Schwenk, Photos Courtesy of the Healthy Neighborhoods Project

**Page 16-17:** Lisa Richardson, Ashley Everett, Priya Lewis, Mia Groedel

**Page 18-19:** Ryann Martinek, Tylar Williams, Mary Okoth

**Page 20-21:** Kim Mosby, Iman Shervington, Mia Groedel, Ashley Everett, Photos Courtesy of Jevon Thompson (DJ RQ Away), Adrienne "AJAX" Jackson, Cashauna Hill, Bill Rouselle

**Page 27:** Meshawn Siddiq, Dr. Denese Shervington, Almeeta "Fay" Love, Tylar Williams







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