

Working Group on Violence Against Asian Women and Children – Summary – June 8, 2016

Date: June 8, 2016

Present:

Working Group Members

Claudia Waring (Chair), Gail Chang Bohr, Crystal Brown, MayTong Chang, Raj Chaudhary, Melissa Chiodo, Dokor Dejvongsa, Veena Iyer, Hannah Laniado, Sushila Shah, Zha Xiong

State Staff

Minnesota Department of Health - Center for Health Equity: ThaoMee Xiong, Xiaoying Chen

Council of Asian Pacific Minnesotans: Sia Her and Anjuli Mishra

Department of Human Rights: Commissioner Kevin Lindsey

Minnesota Department of Health: Amira Adawe, Deputy Commissioner Daniel L. Pollock

Rainbow Research, Inc.

Lis (Elisabeth) Palmer, Chelsea Matson, Mary McEathron, Beki Saito, Razeena Shrestha

Ruby Nguyen (Consultant/Univ. of MN)

Via Audio-Conference:

Working Group Members: Jewelly Lee, Der Yang

Reporter/Guest: Sarah Horner

Unable to attend with notices:

Working Group Members, Shellie S. Enright, Jonathan Tran

Rainbow Research Staff, Katie Fritz Fogel

I. Welcome and Introductions

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Claudia Waring, Chair of the Working Group, welcomed everyone and asked everyone to introduce themselves. She then shared an overview of the day with the audience. She introduced ThaoMee Xiong, Director of the Center for Health Equity (CHE) at Minnesota Department of Health (MDH).

II. Health Equity: Creating the Conditions to Be Healthy

ThaoMee Xiong thanked participants for their presence and their patience and also thanked the partners involved in the legislation, including the Council on Asian Pacific Minnesotans (CAPM), the Department of Public Safety (DPS) and the Department of Human Services (DHS). She set the context for the conversation that followed:

- Public Health – MDH is the lead health agency in Minnesota: “Public health is what we, as a society, do **collectively** to assure the conditions in which (all) people can be healthy.”
- She highlighted the conditions required to be healthy such as, peace, shelter, education, food, income, stable eco-system, sustainable resources, social justice and equity.
- She shared that only 10% of your health is determined by clinical care, 10% by biology while 40% is determined by social and economic factors. (Please see ThaoMee’s PowerPoint presentation attached.)

ThaoMee then shared background on the Center for Health Equity (CHE) at the Minnesota Department of Health (MDH):

- Established at the end of 2013
- Published Advancing Health Equity Report in early 2014
 - Identified the inequitable conditions that produce health disparities, to make recommendations to advance health equity
 - Named structural racism as a main contributor to health disparities
- Changing institutions to increase access and opportunities for communities most impacted by health inequities
- Advancing Health Equity RFP – \$350,000 available for two organizations;
 - Announcements for grantees will come out at the end of June
- Commissioner has created this Center to put health equity in the front and center

She then talked about the Triple Aim of Health Equity: Social Connectivity and Inclusion

1. Implement a health in all policies approach with health equity as the goal
2. Expand our understanding of what creates health
3. Strengthen the capacity of communities to create their own healthy future – The working group members present are our community partners to help us make Asian women and children safer.

She raised a few questions:

“What does it look like when we’re not part of the community?” –Social isolation and exclusion. She ended her presentation by saying that public health is community health. She then welcomed Commissioner of Human Rights, Kevin Lindsey and Deputy Commissioner Dan Pollock from MDH.

Commissioner Lindsey remarked:

A few years ago, the Legislature wanted to cut our budget by 80%. Yet we’ve survived. We’re here today and thriving. Public policy is being informed by all of its citizens in the state. It doesn’t seem like a radical idea, but we have few examples throughout the U.S. He thanked everyone for taking the time to do valuable work for the MDH and the State of Minnesota. He said that the group’s voice was important to

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his work. He also said that he hopes to continue to be in dialogue and that this work will lead to a long-term relationship.

Deputy Commissioner of MDH Pollock thanked everyone for having him there and highlighted the need to have a multi-racial, multiple perspectives of communities. He said he was optimistic about the committee and the results of this work. He also added that he was committed to coming back in December to hear the results of the study. He said that he was confident that no matter what happens in the election, the results of this group will be taken seriously because the domestic violence exposure rate for Asian children is startling. He touched on cost of education, the challenges of education – violence in the home also cause adverse childhood experiences (ACEs) and what a child's experience is like when they have multiple ACEs. For example, a child with 4 ACEs - 322% more likely to skip, 400% more likely skip all of a day, 40% less likely to go to college. He wished the group the best.

III. Overview of the Project, Roles and Responsibilities

Claudia Waring, the Chair of the Working Group gave an overview of the main charge of the working group. She highlighted key points:

- To study the nature, scope, and prevalence of violence against Asian women and children in Minnesota, including domestic violence, trafficking, international abusive marriage, stalking, sexual assault, and other violence
- She acknowledged that the group had to work under an aggressive timeline. She then referred to the Working Group Duties and discussed the range of possibilities. She stressed the need to hone in on what the group's priorities were. She ended saying that her core value in leading meetings is to encourage participation and allow everyone to have a chance to speak.

Xiaoying Chen, MDH Project Lead gave a brief background of the work that had been done to date, acknowledged the work done by the CAPM staff that paved the way for the bill to pass and the steps taken that are required by the statute so far, the selection process of working group members, selection of contractor to conduct research, and the project timeline. She asked participants to refer to their folder for important documents and resources:

- MDH – Center for Health Equity Project Goals and Roles of the Working Group, the contractor and DHS, DPS and CAPM, the partner organizations and MDH as the lead agency
- Project Timeline
- 2015 statute

She highlighted that there would be 3-4 meetings over the next several months for the group and that there was pressure to meet the statutory requirement for the study, have the research findings analyzed and generate a report by the deadline. She finally thanked everyone for their participation.

A working group member asked if the team had adequate staff and support to identify the requirements and move the work forward while staying on track with the timeline. Xiaoying answered that she was confident about the team with expertise in academia, research and evaluation and ensured that Dr. Ruby Nguyen (prevalence study lead) and Rainbow staff (Lead P.I.) work intensively to stay on track.

She acknowledged that the IRB can take time and shared that she hopes MDH will be able to support as needed but it was important for everyone to work together.

IV. Background Information on Research Focus and Context

Beki Saito introduced Rainbow Research and said they were honored to be part of the project. She acknowledged that it was a great mixed group of people in attendance and that she hoped to receive feedback with multiple perspectives. She shared a fact sheet on domestic violence and highlighted some key statistics on domestic and gender based violence based on a Fact Sheet created by the nationwide organization Asian and Pacific Islander Institute on Domestic Violence, a copy of which is included in their folders. She mentioned that the contract with MDH was signed on the 24th of May, therefore, the project has an ambitious timeline. She then gave an overview of what information Rainbow Team knew so far and the process of collecting information. She said this would lay the groundwork for the conversation to follow. She talked about the intensive literature review that they were launching into. She highlighted the need to examine various types of potential research areas such as abusive international marriages in the Hmong community (first study was conducted in Wisconsin in 2006). She said that introducing these areas was a way to get everyone's head into the burning issues that will be addressed in the study.

She then gave an overview of the distribution of the Asian population along with 10 largest ethnicities across Minnesota. Minnesota has one of the largest Karen, and 2nd largest Hmong populations in the US.

Ten Counties have the largest Asian populations. Many Asians are concentrated in the Twin Cities Metro Area but there are also pockets – Worthington, Faribault, and Duluth with Asian population. She introduced Dr. Ruby Nguyen, a subcontractor of Rainbow Research, Inc. and asked her to share about the secondary data she had looked into so far as part of the prevalence data analysis.

Dr. Nguyen highlighted findings from existing data from the 2015 College Student Health Survey, in order to share findings and to demonstrate the kind of data we are going to get from our prevalence survey, and to share some of the questions and limitations of prevalence studies.

- Might consider existing databases for this study
- What is the college health study?
 - Created by the U of MN; administered annually to several different colleges throughout the state
 - Goal is to look at all different types of behavior; ask questions on childhood, current everyday life, behaviors, GPA
- Benefits and limitations of looking at this secondary data and how it relates to your everyday lives
- Benefits
 - Available – accessed just last week
 - Timely - data from last year, not four years ago
 - Ready to be analyzed
 - Captures an important time in life – average age for Asian students is 23
 - Rainbow wants to highlight life course
 - There are other older adult surveys. If we can look at all these surveys, we can piece together the entire life course
 - The College Student Health Survey over-represents Asians
 - Uses standard questions that other surveys use – easy to compare against other surveys
 - Family violence can be used as a surrogate for a question on violence against women
 - We are working with Asians, a community that is less likely to report. Children might be more likely to report this if they experienced it at home

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- Asian data is not disaggregated
- Miscellaneous
 - What are we classifying as Asian? Should we include mixed-race folks?
 - Violence measures for this data set were already set - physical, verbal, and sexual
 - Opportunity to compare Asians to international Asian students
- Look at 2015 College Student Health Survey slide for data
- 80% of Asian American students reported witnessing violence
- All types of sexual victimization correlated with poor mental health

In reaction to her presentation, Dr. Zha Xiong pointed out that it was interesting data and that it would be difficult to disaggregate. He feared that doing a random sample study would lead to low participation rates. He highlighted that there was a high refugee population in the US and so the study needed to address that group as well. Dr. Nguyen said that for the population as a whole, the numbers were underestimates.

Judge Bohr expressed a concern that the study should not be limited to college students. Dr. Nguyen then went on to discuss the limitations of the College Health Survey data:

- Limitations
 - Participation rates are lower with this population
 - CDC often doesn't report Asians with their national surveys due to low response rates or lack of responses
- Benefits
 - Education matters
 - In this study, fewer Asians than the whites witnessed violence themselves

She mentioned that the purpose of this discussion, was to figure out what is most important, and how to capture this data. She said, to play devil's advocate, this will be difficult data to capture, indicating that if the CDC can't capture this data, this study probably also will have a difficult time. Nonetheless, we have an opportunity to really add to the literature and deepen our local understanding of ethnic Asian prevalence of violence in Minnesota.

Hannah Laniado argued that the survey underestimated numbers but she wasn't sure how much it underestimated. Education means more privileged students are entering colleges. Lower victimization amongst those that enter college. She also talked about selection bias – college students are a small population, especially for Asian populations.

[Short break]

V. Research Design and Agency Partners

Beki from Rainbow Research gave an overview of the proposed research questions for the study and highlighted three main points:

- There were lots of conversations in the break about disaggregating data amongst Asian ethnic groups. Some of the cultural nuances go across Asian ethnic groups.
- We have the opportunity to look at Asian ethnic groups not prevalent in other states.
- We are not doing the full-fledged needs assessment of service provision, as was laid out as an option in the legislation.

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Beki then discussed the Research Design with the group. She proposed a mixed methods approach. She said Rainbow would start with a comprehensive literature review, and proposed to look at secondary data- potentially two data sets, and Minnesota Student Survey and the College Students Survey. The study will include a quantitative prevalence study (Survey of Adult Asian women) and a qualitative component to look deeper in violence issues (focus groups of survivors, for example). She talked about doing key informant interviews – including everyone in the room, and those that the working group members recommended. She said she may ask partner organizations to gain access to registries, focus group participants and help with distributing survey and report.

She asked all the working group members to highlight some of the “burning issues” that needed to be addressed in the study. Each member provided feedback and a summary of the responses are in the attached separate document. Most feedback fell under two areas: “content” for the study and “the design and methodology” of the study.

VI. Administrative, Next Steps, and Closing

Claudia, Xiaoying and Beki led this section. Claudia asked the group members to make sure everyone had signed in and provided updated contact information so they could be contacted going forward. She mentioned that the doodle poll would be used to schedule future meetings and that the third or the final group meeting could be group meeting combined with a community event to do a share back of the findings of the study as well as to convene the larger Asian community to be involved in the process. She asked all to keep that in mind as they thought about what would be the most appropriate way of organizing that event. A few decision items regarding the research study design will be communicated to the group members via email.

Xiaoying highlighted a few logistical items regarding the reimbursement form and asked participants to 1) register on SWIFT system to get their vendor number, and 2) fill out the paper form available at the meeting or fill out the electronic version of the form attached to the same email, 3) submit to MDH to get reimbursed. She also mentioned that Rainbow Research would handle all communication/correspondence going forward, although she would be available to answer questions as needed on behalf of MDH.

Beki asked all working group members to fill out the partner resource form and invited them to be involved in a deeper discussion of the research design and methodology. She asked them to list their interest in engaging further on the study and any resources they wanted to share with Rainbow in the resource form.

The meeting was adjourned at 3.30 p.m.

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