

**MATERNAL AND CHILD HEALTH BUREAU
(MCHB)**

**SPECIAL PROJECTS OF REGIONAL
AND NATIONAL SIGNIFICANCE
(SPRANS)**

FINAL REPORT

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PROJECT IDENTIFICATION

(Place at beginning of Abstract)

Project Title: Supporting Pan Asian Runaway and Homeless Youth

Project Number: Grant Number: H17MC07866

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Project Period: March 1st, 2007 - Feb. 29, 2012

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ABSTRACT OF FINAL REPORT

In recent years, Asian American & Pacific Islander (AAPI) youth has increased in numbers of runaways and homeless situation in MN. But with stereotyping that AAPIs are model minorities, the situation has not alerted the schools and mainstream agencies, the runaways and homeless youth, they lack of basic health care support, being sexual assaulted, or physical abuse, forced into prostitution, more and more youth fall into cracks without notice. Therefore, RICE (Reaching Immigrants with Care & Education), c/o Asian Media Access has designed the "Supporting Pan Asian Runaway and Homeless Youth" Initiative. In order to provide the most far-reaching and culturally-appropriate health services to homeless and runaway youth, RICE utilizes a multi-phased approach, and supports with a strong collaborative network, including partners like: Asian Women United Shelter; Children's Hospital; Sexual Offense Services; and University of MN, Department of Family Social Science; to name a few.

PROJECT INTRO: The project has successfully conducted street outreach, health education, prevention and intervention services designed for AAPI street youth, aged between 10 - 18 years old, with a special focus on Hmong runaway girls who bear highest risk of being subjected to sexual abuse. **The goals of this Project are to assist AAPI runaway and homeless youth to live healthy, and substance free life styles, and to increase community awareness of available resources and health care for the vulnerable youth.**

METHODOLOGY: The goals have been accomplished through the following objectives: **a) Outreach** - providing street-based health outreach services to help Pan Asian youth leave the

streets; accessing health care facilities; assisting them in transitioning to a safe shelter, if their home is not an option; **b) Prevention** - providing culturally-appropriate health education and resources for youth to quit substance usage, prevent physical/sexual abuse, teen pregnancy, and participate in school/ employment/ leadership development training; **c) Education** - educating AAPI parents and community leaders about the resources and seriousness of health consequence of runaway; and finally **d) Intervention** - providing case management, follow-up health care services, and video diaries to encourage youth speak up and support others to create ripple effects.

EVALUATION. The project was funded by Healthy Tomorrow grant from March 1st, 2017 – Feb 29, 2012, and has been evaluated through its services quality and quantity it provide to the runways, and its impact on community support, and finally the success of sustainability and coalition building. During 5-year period, our Initiative has directly served 92 African Americans, 1316 Asian Americans, and 16 Pacific Islanders, total 1424 minority members served. Additionally, throughout the media campaign, we have estimated to reach secondary audience – about 11,000+ AAPI youth; 5000+ AAPI parents; and 150,000 general audiences through electronic media. The Evaluation Result has included as the Appendix.

FINAL REPORT

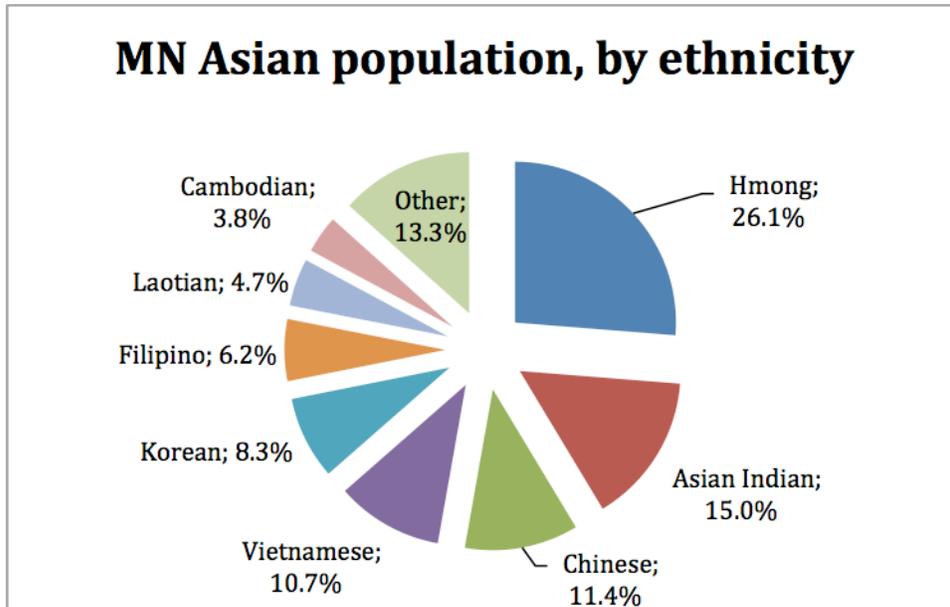
I. PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MATERNAL AND CHILD HEALTH (MCH) PROGRAMS: Briefly describe the major purposes of the project and the needs and problems it addressed. Indicate the program priority under which the project was funded. Explain the relationship to the Title V MCH Program and state/local AAP chapter(s).

A. Target Group. There is about 4 percent of Minnesotans are Asian American & Pacific Islanders (AAPI), which comes to about 226,342 residents living in Minnesota according to the year 2010 Census.

Asian American and Pacific Islander Subpopulations in MN (from Census 2010) – total 226,342

AAPIs in MN

# 1 - Hmong	66,181
# 2 - Asian Indian	38,097
# 3 - Chinese (except Taiwanese)	28,776
# 4 - Vietnamese	27,086
# 5 - Korean	20,995
# 6 - Filipino	15,660
# 7 - Laotian	12,009
# 8 - Cambodian	9,543



Clearly the number of AAPIs grew substantially since 2000, there were about only 150,000+.

The great majority of AAPI members - 84 percent - live in the seven-county Twin Cities (Minneapolis/St. Paul), area, and 42 percent live in either St. Paul or Minneapolis. St. Paul has the single largest concentration of AAPI residents in MN. The AAPI population is also a young one with almost 50% under the age of 20 according to the Office of the State Demographers. International immigration has been a significant factor in AAPI's population growth within the last decades. Southeast Asian refugees such as the Hmong make up the largest AAPI immigrant group in Minnesota. Recently, an influx of 5000+ Hmong refugees from Thailand since 2005 summer, has made the Twin Cities - the largest Hmong population among the Nation. **But the growth of the AAPI community is not a smooth ride, neither for the AAPI youth nor their families. AAPI youth face additional challenges compared with other youth. AAPI's**

parents high expectations, strict family order and cultural displacement - are major reasons for AAPI youth to run away.

B. Needs among Runaway and Homeless Youth in MN. Statistics from the National Runaway Switchboard show that there are 1.3 million runaway and homeless youth in the country, and one out of every seven children will run away before they reach 18. There are many reasons for their running away: among them, escaping from homes where they face constant abuse, neglect, or parental drug or alcohol abuse. They are in even greater danger on the streets, where they have a very high risk of being sexually exploited or abused. Nearly 50 percent of them resort to prostitution to survive, and such causes as assault, disease, and suicide result in 13 of them dying on the streets EACH DAY. (Statistics from HomeBase Youth Services web site - www.hbys.org) A study by Wilder Research has shown that in Minnesota alone, the number of youth who were homeless and alone (not with their parents) at least one time during 2003 ranged from 12,000 to 22,000. (*"Homeless Youth In Minnesota: 2003 Statewide Survey Of Without Permanent Shelter"* (February, 2005) A report from Wilder Research, St. Paul, MN.) Seventy percent of homeless youth previously lived in a foster home of some type, but felt this was no longer an option for them. Physical or sexual abuse and mental health problems were also contributing issues in running away for almost half of these youth. Many of them were not facing homelessness for the first time, and had faced much more trouble in life at a young age than most youth ever see. Possibly the most alarming finding in the report is that many homeless youth (age 8 to 17) and young adults (age 18 to 20) have not been helped by the mainstream health care system, indicating a serious lack of effective programs and health care access. These youth have had to deal with abuse, alcohol or drug treatment, and pregnancy at far

greater rates than their counterparts who have homes. Between 30 and 50 percent of homeless youth report having been physically abused. 60 percent of homeless youth have their situation made even worse as a result of having children of their own, whom they clearly cannot properly care for. Sexually exploited youth, including street youth using survival sex, and those involved in prostitution, are at risk for an array of health disparities, including substance abuse, depression and self-harm including suicide attempts, sexually-transmitted infections (STIs) and HIV, unintended pregnancy, and further sexual and physical violence.

C. Cultural Implications of Asian Runaway and Homeless Youth. A disproportionate number of the youngest sexually exploited youth in St. Paul are Asian American & Pacific Islander girls, especially Hmong (Star Tribune Newspaper, 2005). Children's Hospital in St. Paul has documented that nearly all of the Hmong teens evaluated for gang rape or prostitution have had a prior or co-occurring history of running away (Edinburgh, Saewyc, Thao, & Levitt, 2006).

a) Family Conflicts. Researchers believe that family problems are a result of the acculturation gap between parents and their adolescents which seems to widen further and further as the child becomes more Americanized. Southeast Asian refugee parents tended to be culturally and linguistically unprepared to provide psychological, social and academic assistance to their youth. But on the other hand, parents still hold the traditional high expectations, strict family orders toward youth. Such cultural displacement and youth's eagerness for assimilation to America culture, result the alarming rates of problem behaviors in AAPI youth, such as substance abuse, dropping out of school, running away, gang violence and other antisocial behaviors.

b) Gender Inequality in AAPI cultures. Comparatively, AAPI girls have worsen problem

than boys, they suffer a great deal of Gender Inequality and High Family Expectation toward them. Gender roles are very clear and rigid within the AAPI cultures. Males dominate all decision-making, and control the mobility of the women and children. In contrast to America's casual togetherness, for example, Hmong traditions separate boys from girls in public places, the forceful admonition for chastity until marriage, often family-arranged unions with brides not much older than 15. AAPI boys are allowed more freedom to venture outside the family unaccompanied, but girls have to stay home and take care of family matters and younger siblings. AAPI girls are socialized not to question the commands or decisions of parents and not to express their own wishes or opinions. It is particularly true of the arranged marriage. The Western values of direct self-expression and self-determination are unfamiliar concepts. This cultural conditioning may prevent them from asking for help or from questioning inequality treatment from authorities. Such accumulated pressure and high expectations toward girls result many AAPI girls involving in substance abuse, gang activities and runaway from home.

c) Polygamy Practice. Traditionally, having multiple wives is an arrangement that has been historically widespread in the Hmong community. According to Dr. Blong Xiong, he estimated *"between 270 and 450 men are practicing polygamy in Minnesota, each with an average of two wives and 14 children. That would mean that as many as 7,600 men, women and children are living in polygamous families."* Such tradition has caused much painful experience for Hmong families in the United States. Along with other practices, such as: the kidnapping of girls for marriage, which is another kind of courtship and the chosen bride has little choice in the matter. It's not unusual for girls as young as 13 to be taken in marriage. Often time, polygamy appears as a form of child abuse and slavery, in which very young girls are sold to older men. Many Hmong girls runaway from homes to escape such unfair arrangement.

d) The Data has proven that Hmong girls have higher risk for run-away and gang rape than other ethnic groups. Distinct from non-Hmong girls, Hmong girls typically report having been assaulted by multiple perpetrators. In a study of patients evaluated at Children's Hospital between 1999-2003, 75% of Hmong girls had five or more sexual assaults, 35% had Chlamydia, 33% had a history of prior drug use, and 55% had a history of alcohol use (all p values < .01 when compared to a same age cohort of non-Hmong patients) (Edinburgh, Saewyc, Thao, & Levitt, 2006). Adolescents who have been sexually abused are up to four times more likely to be involved in risky sexual behaviors, including multiple partners, and lack of condom use or contraceptives leading to pregnancy, than those who have not been sexually abused.

	<u>Ethnicities</u>	<u>Hmong</u>	<u>Other Victims</u>
Gang rape, multiple penetration, prostitution		75%	14%
Five or more penetrations		66%	10%
Drugs given during victimization		31%	6%
Had run away at least one time		90%	10%
Had been truant		96%	25%
Self-mutilation (typically cutting)		32%	10%

Source: 2005, Midwest Children's resource Center, a division of Children's Hospitals and Clinics of MN

*“A Star Tribune analysis using an FBI list of Hmong surnames shows that between 1999 and June 30, 2005, about 76 Hmong men and 21 Hmong teens were charged with sexually assaulting or prostituting girls in Ramsey County, which is home to nearly 60 percent of the state's Hmong. Prosecutors counted 59 victims believed to be Hmong in those cases, but say there were other victims who didn't cooperate and whose assaults weren't charged. Fifteen victims were of other ethnicities. **Nearly all of the victims were young. More than half of the defendants were***

charged with crimes against victims younger than 13 years old; 81 of the 97 were charged with attacks against victims 15 and younger. Secrecy and shame keep victims from coming forward, and authorities believe there are many more crimes undetected. Tru Thao, a Ramsey County social worker who often deals with runaway Hmong girls, said the problem of gang rape and prostitution is huge. "You know, to be honest, it's not something new. It's just been escalating," she said. More Hmong refugees have arrived in Minnesota this year as part of a resettlement of 5,000 people, and officials worry about gangs victimizing them. Der Her, volunteer coordinator at Ramsey County Sexual Offense Services, said the refugees will be "easier prey."

10/09-12, '05, Star Tribune series "Shamed into Silence", reported by Dan Browning and Pam Louwagie

One explanation for the health disparities seen in the Hmong runaway teens is their lack of access to health care services, in particular health education. The health disparities seen in young Hmong female runaways may also be the result of cultural stigma described above. Clinicians are unable to intervene in the Hmong teen cycle of running away that often leads to sexual violence if they do not understand the teens' "health mind set " that is a result of the social environment. **These cultural implications have created many motivations for Hmong girls to run away from homes. The lack of attention to such serious issues and so many young Hmong runaways and being abused are intolerable.**

In order to overcome above cultural, social barriers, the "Supporting Pan Asian Runaway and Homeless Youth" was launched and funded by HRSA, between 2007 – 2012, roughly \$50,000 per year. The Initiative has helped AAPI youth to overcome the above obstacles, to increase access to culturally-appropriate health care options, and to improve the community understanding of this group of vulnerable youth.

D. Project Description. Our Initiative's target area has been at Twin Cities, metropolitan area in MN, and the primary target population is 10-18 years old AAPI youth, with a special emphasis on Hmong girls, who have runaway or homeless, so they can be aware of substance, sexual, and physical abuse, and support their health care needs if those situations exist. The secondary target is potential runaways, to alert them the dangers of the street lives, and possible of abuses. Then at the 4th and 5th years of funding, our Project has put more and more emphasis on the third target population - the AAPI parents and community, so they can understand and accept the runaways, and assist them for follow-up health care needs. The overall project goal builds the capacity and understanding among these 3-targeted populations. The Initiative has achieved the above goals through a community-based partnership of pediatric resources and AAPI community leadership, along with a multi-service collaboration, to provide cultural, linguistic and age-appropriate health outreach, prevention, education and intervention services.

The Initiative has developed collaborative relationships with MN Dept of Health, State Title V MCH Program, and with AAP MN Chapter. We have invited both - Executive Director, Ms. Ann Ricketts, MS, MPH; and MN Dept. of Health/ Title V Coordinator, Ms. Jan Jernell to join the Advisory Committee to support our project. The Project has also invited the Office of Minority and Multi-Cultural Health to offer expertise for the Eliminating Health Disparities among ethnic/cultural specific groups. Such partnership has produced several joint Health Forums, trainings, conferences, etc.

II. GOALS AND OBJECTIVES: Describe the goals and objectives of the project and show

how they relate to the item above.

The goals of this Initiative are to assist AAPI runaway and homeless youth to live healthy, and substance free life styles, and to increase community awareness of available resources and health care for the vulnerable youth.

A. Goal #1: To assist AAPI runaway and homeless youth to live healthy and substance free life styles

- Objective # 1.1: Conducting Outreach Activities for AAPI Runaways and Homeless Youth
- Objective # 1.2: Conducting Health Prevention Activities to support Runaways and Homeless Youth

B. Goal #2: To increase community awareness of available resources and health care for the vulnerable youth.

- Objective # 2.1: Conducting Education and Awareness Building Activities for AAPI Parents and Community about the Runaways and Health Implications
- Objective #2.2: Conducting Intervention Services and Encouraging more Community Outreach by Runaways themselves

III. METHODOLOGY: Briefly describe the program activities used to attain goals/objectives and comment on innovation, cost, and other characteristics of the methodology.

A. Methodology. The above goal and objectives have been accomplished through the following

activities: **a) Outreach** - providing street-based health outreach services to help Pan Asian youth leave the streets; accessing health care facilities; assisting them in transitioning to a safe shelter, if their home is not an option; **b) Prevention** - providing culturally-appropriate health education and resources for youth to quit substance usage, prevent physical/sexual abuse, teen pregnancy, and participate in school/ employment/ leadership development training; **c) Education** - educating AAPI parents and community leaders about the resources and seriousness of health consequence of runaway; and finally **d) Intervention** - providing case management, follow-up health care services, and video diaries to encourage youth speak up and support others to create ripple effects.

B. Barriers to Progress and Strategies/Steps Taken to Overcome Them. The most challenge that we have encountered with the Initiative is “AAPI Community Denial” - denying such runaway issues exist; denying STD/AIDS exists in the community; denying sexual violence, but forcing the victim to marry the perpetrators; in order to keep FACE, and the community harmony. This is a huge cultural barrier that our Initiative has to deal with, because:

a) Afraid of Losing Face. In Asian cultures, there is no individual, anything the individual does, is related to the family, so everyone has a duty to prevent "LOSING FACE". Mutual obligation & self-reliance within the family structure are valued in Asian cultures. If there is a conflict between individual needs and family pride, family pride has priority. **It is considered inappropriate to discuss family matters outside the family, to do so brings huge shame to the family.** Reporting the runaways or shameful disease such as: STD, HIV/AIDS to outsiders will frequently make people feel disloyal, and bring shame to the family and clan system.

b) Afraid of Accessing Health Care services for STD or Sexual/Domestic Violence

situations. Sex is often an issue that parents put on the back burner due to its embarrassing nature. For AAPI parents, guiding their youngsters through adolescent sexuality has the complication of conflicting cultures. Many struggle with this -- what to communicate with their children, since American pop culture is attractive to the youngster. American openness in dealing with topics such as sexuality, sex roles, is unacceptable. These conflicts manifest themselves in many ways -between AAPI parents & their Americanized youth. Parents think if they don't talk about SEX, the youngster won't get involved & can avoid STDs, which we found out that is just opposite situation.

Many AAPI youth also manipulate both cultures, and choose to believe what is the most convenient. For example, the Hmong gang rape case clearly shows the teens believed in American way of easy sex, but ignored AAPI rules that obligate men to the women with whom they have sex, absorbing the idea that Hmong men are entitled to exercise control over women. Asian cultures placing a lower status on women is a factor in the reluctance of many AAPI girls to deal with sexual assault. Cultural values also play a major role in the survivor's decision-making process. Some of the most prominent values arising in sexual assault cases are association with "virginity & family honor". In many cultures of Asia, women are considered property of men. There is the belief that females who are raped are either "damaged goods" or should marry their assailants.

The use of shame as a societal control mechanism in Asian societies has a significant impact on

dealing with sexual assault. The stigma attached to any form of public humiliation, especially as it reflects on one's moral/religious character, functions as a powerful tool to prevent families and communities from discussing any 'personal problems' that would bring shame upon oneself or others. The relative privacy and secrecy that surrounds sexual behavior in Asian cultures, combined with the ownership of women (and women's bodies) and the avoidance of shameful disclosures, such as being raped, creates an atmosphere that prevents Southeast Asian victims, their families and their communities from getting the support and assistance that would be available to them.

from *Sexual Assault in Southeast Asian Communities Issues in Intervention* by Valli Kanuha

In order to remove such barriers, our Initiative depends heavily on culturally/language specific public education materials to change community norms from within and have youth's own creations to plead for support at families' levels. Therefore the community can feel much easier to accept its own people's ideas instead of as outside pressure, and can start the reconciliation process within the families, and further support the health care needs for the runways and homeless youth.

c) Besides the cultural issues, the runaway vs. sexual exploitation has increasing the level of complexity. We are facing increasingly complex and diffuse community problems, which are, therefore, more difficult to deal with. We have focused mainly on what comes out of the 'end of the pipe' and not looked hard at what causes it, due to the overwhelmed number of cases. Also in order to avoid marginalizing AAPI parents and elders, we have to think creatively to involve

them. This may involve a change of content, location and formats, which may run a risk losing the youth audience.

IV. EVALUATION: Briefly describe the evaluation methods used to assess the effectiveness of the project in attaining goals/objectives.

Our Initiative has been evaluated through its services quality and quantity it provides to the runways, and its impact on community norm changes, and finally the success of sustainability and coalition building. The evaluation methods has included sign-in sheet, meeting minutes, focus group interviews and societal data collection/comparison. Please refer to the *Appendix: Evaluation Report*.

V. RESULTS/OUTCOMES (INTENDED & UNINTENDED): Summarize the major results. Highlight any health status outcomes, systems changes, lessons learned and outcomes, which have potential for transfer and replication. Provide the number of individuals identified by racial and ethnic group who were served.

A. Successfully reached the Objective 1.1: Outreach - Conducting Outreach Activities for AAPI Runaways and Homeless Youth

a) Successfully completed the "Street Health Kit". "Street Health Kit" is developed as 2 folds; at one-hand it includes a resource list and health check up list for runaway/homeless youth to keep. At another, it includes an important protocol for the street outreach worker in how to conduct the activities to better support these high-risk group.

FOR HOMELESS YOUTH. A package contains with:

- A laminated resource card with local shelter and healthcare facilities contact information;
- A quick health check-up list for common health concerns around homelessness, such as:
STD, drug abuse, HIV/AIDS, etc.;
- Simple hygiene kits and fruit bars

FOR STREET OUTREACH WORKER. A package contains different sections based on the "Relational Outreach and Engagement Model (ROEM)" with following information:

- Section I Introduction
- Section II Preparation before launching to the Street
- Section III Approach Phase - "Building the Bond of Trust"
- Section IV Companionship Phase - "Sharing the Journey"
- Section V Partnership Phase - "Expanding the Circle of Care"
- Section VI Mutuality Phase - "Coming Home"

b) Limited Success in working with Hmong Funeral Homes to outreach to Hmong runaway youth about the danger of street life, and the resources to support them to access emergency shelters and healthcare.

The unequal status of girls/women and the right of boys/men to beat them has been asserted throughout the centuries in Asia, particularly happened in the Hmong community. Often it triggers the motivation for Hmong American girls to run away from homes. They often go to the Hmong Funeral Homes in Twin Cities, MN, which open 24 hours to support the ritual ceremonies. The Funeral Homes provide food and shelter for people staying and sleeping there to pay respect to the dead, the ritual ceremonies often last 3-5 days. Due to the large families and clan systems, many neither owners nor family members can identify these girls ARE NOT

PART OF THE FAMILY. The Hmong Funeral Homes become the best gathering places for these runaways for food and shelter. The project is designed to include the outreach activities at the **Hmong Funeral Homes, and to produce language/culturally specific information for the community.**

Unfortunately, we have not been able to do 8 hours per week Hmong Funeral Home visit, due to the community resistance. Many do not admit there is a severe runaway problem in the Hmong community. There are four Hmong Funeral Homes in Twin Cities, MN, one at St. Paul Dale Street, two at the West St. Paul, and another one at the Maplewood. These Funeral Homes usually are owned by different Hmong Clans - Khang, Moua, Xiong, and Vang. So far the Hmong funeral home owners dislike the idea that street outreach workers regularly visit their Funeral Homes, only occasionally we were invited to do so at the acquaintance's relatives' funerals.

c) Successfully outreached to local Asian clubs and Festivals where runways usually hang out, and providing substance abuse prevention information and "Street Health Kit."

The Project Director has visited the following schools' Asian Student Clubs, to conducted prevention activities:

- CityView Community School
- Henry High School
- Hmong International Academy
- Jenny Lind Community School

- Johnson High School
- New Millennium Academy
- North High School

B. Successfully reached the Objective 1.2: Prevention - Conducting Health Prevention

Activities to support Runaways and Homeless Youth

a) Successfully developed an English "Youth In Charge" web site to provide independent living resources, substance abuse prevention information, health care access for AAPI Runaway, Homeless youth

The Website has included health prevention information on runaway, sexual/domestic violence, substance abuse and teenage pregnancy, etc. Also the website has featured youth poems, photos, animations, TV PSAs related to the above issues. In the past 5 years, we have successfully created 187 postcards, 39 Fact Sheets and 12 Information Brochures by AAPI youth in relationship to runaway, sexual violence and teenage pregnancy issues.

b) Successfully involving pediatricians and other health professionals in providing more community-based health services to AAPI runaway youth

We have worked with following health professionals to enhance the project quality:

- **CHILDREN'S HOSPITAL – 1st year**

Dr. Carolyn J. Levitt

Laurel Edinburgh MS, PNP

Rebekah Forrest RN, MS, CNP

Judy Rognli RN, MS, CNP

- **REGIONS HOSPITAL** – 1st & 2nd years

Dr. Mary Carr

Ellen Johnson RN

Dan Ryan, Regions Hospital Foundation

- **University of MN** - 3rd – 5th years

Dr. Sing Sing Way MD, Pediatric Infectious Diseases Physician

c. Successfully outreached to at risk Hmong girls to provide health/mental health care services, and supported the re-unification with their families.

- Work intensively with at-risk Hmong girls (particularly runaways) and their families in order to stabilize the girls' lives
- Coordinate health checkups and other care for girls found after runaway incidents
- Work with courts to achieve the release of girls from juvenile facilities and to substitute AMA activities for other court-ordered activities
- Help reunite girls with their families, educate them on the realities of sexual assault, and encourage family participation in project activities
- Assist girls as they participate in project activities (activity sign-up, transportation when necessary, etc.)
- Visit with girls and their families to ensure that the girls' health and lives are stabilizing

- Host summer-long dance, theater and video training sessions with at-risk AAPI youth, including these Hmong runaway girls in order to develop a multi-media presentation of their perspectives as immigrants and how cultural misplacement may trigger their runaways. In order to allow at-risk AAPI youth to share their experience as immigrants, including the issue of sexual exploitation and runaways, Regions Hospital has collaborated with RICE to train youth as they created *Medusa's Riddle: Fresh Off the Boat*, a performance involving acrobatics, spoken word, hip-hop dance and videos that was produced at the Redeye Theater in Minneapolis as part of the Minnesota Fringe Festival in 2007. There were five performances from August 4 to August 11. Each lasted approximately 50 minutes. Approximately 250 people attended the performances in total. Information regarding the sexual violence prevention and healthcare access was included in the written program for the performance.

The performances, created by the youth who participated with oversight by their trainers, tackled issues as difficult as domestic/sexual violence and the pressure of being a “model” immigrant child and as common as the smell of Asian food that pervades many Hmong homes. In the process, the youth dealt with many of the universal issues facing immigrant groups: the assimilation process, the subtle disparities in cultures and the contradictions that make up the everyday lives of immigrant families (memory vs. reality, struggle vs. stability, and the old world vs. the new). *“In some Asian cultures, girls are not as valued as boys, so for the first performance, only the mothers of the performers seemed to show up,”* said Ange Hwang, executive director of AMA. *“The mothers must have spread the word about the quality of the girls’ performances, because by the second*

show the fathers joined the mothers. By the last show the whole family came and got the chance to realize and enjoy the talents of the girls. It is this shift in attitude that we hoped for, for the girls to be seen as a valued member of the family. Whole families have to get involved in order for real change to occur in these girls' lives."

Many at risk runaway Hmong girls have participated at this summer event; they performed and wrote short stories that were considered for the play. They were very grateful for the chance to perform and to shine on the stage. There is much enthusiasm among the girls to continue dance classes.

- The Summer Training and Performances have repeated each year afterward, and has been very successful to open up at-risk AAPI youth and discuss more freely of sensitive issues that impacting them through the performing arts. *Please refer to the Appendix for details.*

C. Successfully reached the Objective 2.1: Education - Conducting Education & Awareness Building Activities for AAPI Parents and Community about the Runaways and Health Implications

a) Successfully hosted the Advisory Committee meeting, along with Hmong Youth Task Force Meeting, and other Community Leaders to connect within the Healthcare System to better support and receive referrals of runaway AAPI youth.

b.) Successfully hosted the annual Health Forum for AAPI community, to focus on health care access for AAPI families, and adolescent's health.

In order to be effective, the Project Director has decided to target a specific AAPI group - Hmong American community, instead of entire AAPI community. In order to more fully involve Hmong families and youth in this effort, RICE, Regions Hospital and the Hmong Youth Task Force hosted Hmong Community Forum on June 7, 2007. The forum, hosted at McDonough Home in St. Paul, addressed the serious problem of runaway incidents among Hmong girls and the sexual abuse they too often encounter. It was the first forum of its kind in our community. About 120 people participated and 42 families filled participant surveys. An open mic discussion followed by the presentations, and Hmong translation was provided. Other educational exhibitions included information on mental health counseling, substance and violence prevention, teenage pregnancy prevention, runaway youth outreach, summer activities, and other public health information. A free dinner was provided along with a slide show and runaway youth testimonials. 500 copies of a DVD entitled *No Means No*, which was handed out to forum participants and will be a resource for future forums and gatherings. Produced by the Asian Media Access, *No Means No* takes a hard look at the issue of sexual assault among Hmong girls and the results of the clan system's handling of this issue. The Health Forums have repeated each year afterward, and has been very successful to support the information distribution among AAPI parents and community leaders.

D. Successfully reached the Objective #2.2: Conducting Intervention Services and Encouraging more Community Outreach by Runaways themselves

a. Conduct regular Support Group, equipped AAPI girls with important life skills. The Initiative has hosted annual Support Group – What About Us, recruiting AAPI girls to focus on area – Gender Inequality, Sexual Violence, Teenage Pregnancy Prevention, Sexuality Education and Independency Skills.

b. Conduct regular Mental Health services for at risk youth. Participants at the What About Us group would also receive mental health assessment services. The purpose of mental health assessments not only tell you something about the youth, but rather they give our Initiative a short snap shot of the person, who they are, what’s going on, and what might the results suggest. In addition, it provides crucial information of how well the person feels and how well they are able to think, reason, and remember. A mental health assessment is completed to explore more about a youth and to check whether or not there are mental health concerns such as anxiety, depression, schizophrenia, Alzheimer’s disease and anorexia nervosa. In addition, assessments help differentiate between mental and physical health complications. Other uses for mental health assessments are to evaluate treatment, because of issues at school, work, or home. One example is perhaps assessing whether a child has learning disabilities or other behavioral disorders such as attention deficit hyperactivity disorder, conduct disorder, or obsessive-compulsive disorders. For adults, it may be a good assessment to see what may be hindering them from completing their job.

Our Assessments consist of an interview through the mental health practitioner, physical exam, lab test, and written/verbal tests. These methods of assessment are all an integral part of the assessment however, what is used often is the psychosocial interview. The psychosocial

interview assesses the youth's demographic background, familial history, current information, drug abuse, tendencies and behaviors. Once the interview is completed, the results would then indicate whether the youth needs further assessment such as a physical, written, or verbal test for further information in order for the practitioner to fully assess it youth's issue.

When a new participant enters the Initiative, within a 24 hour process the resident is to schedule a mental health assessment. It can be done over the phone or in person during walk-in hours at NorthPoint Health and Wellness. In addition to the assessment, the Project Director conducts the intake with the psychosocial interview. Base off the information reported, the Project Director could refer the youth to other resources for support. Furthermore, from the information presented the Project Director schedules sessions with the youth in order to understand some of the psychological issues that may be co-occurring. By the 3rd session, the Project Director will obtain a clinical impression of the youth for diagnosis. Youth has the option to seek therapy, however it's a choice determined by the youth to agree upon. The Project Director can encourage youths for therapy, however it's up to their discretion or it could be worked into the treatment plan for the youth. The Project Director, will work with the youths both on life skills and the diagnostic impression. However, the focus of the program and why the youth is enrolled in the program is to establish their independent skills and stability.

Youths could be seen for weekly therapy with a Psychologist/therapist at NorthPoint Health and Wellness, and have supplemental weekly follow-up sessions with the Project Director. Project Director and Psychologist/Therapist would work collaboratively in facilitating growth for the youth holistically through their mental health and the stability of the home environment.

However, if therapy is declined at NorthPoint the youth has to meet with the Project Director twice weekly for individual sessions focusing on the youth’s treatment plans, and actions to meet with their goals while in the program. Additionally, mental health professionals and other professionals have been invited to the facility to present youths with information regarding their mental health, sexual health, and general health.

E. Final Service Number breaking down by the ethnicities:

Period: March 1st, 2017 – Feb. 28, 2012	Pregnant Women (All Ages)	Infants <1 year	Children and Youth 1 to 25 years	CSHCN Infants <1 year	CSHCN Children Youth 1 to 25 years	Women 25+ years	Men 25+ years
Ethnicity							
African American	0, 0, 0, 2, 3	0, 0, 0, 0, 0	13, 15, 20, 15, 23	0, 0, 0, 0, 0	0, 0, 0, 0, 0	0, 0, 0, 0, 1	0, 0, 0, 0, 0
Subtotal: 92	5	0	86	0	0	1	0
Asian American	21, 21, 24, 0, 2	0, 0, 0, 0, 0	184, 182, 178, 104, 81	0, 0, 0, 0, 0	0, 0, 0, 0, 0	120, 120, 120, 159, 0	0, 0, 0, 0, 0
Subtotal: 1316	68	0	729	0	0	519	0
Pacific Islander	0, 0, 0, 0, 0	0, 0, 0, 0, 0	5, 4, 3, 2, 2	0, 0, 0, 0, 0	0, 0, 0, 0, 0	0, 0, 0, 0, 0	0, 0, 0, 0, 0
Subtotal: 16	0	0	16	0	0	0	0
Total							
Serving Total: 1424	73	0	831	0	0	520	0

Additionally, throughout the media campaign, we have estimated to reach secondary audience – about 11,000+ AAPI youth; 5000+ AAPI parents; and 150,000 general audiences through electronic media.

VI. PUBLICATIONS/PRODUCTS: List publications/products resulting from the project

and the audiences for which each was designed. Products include but are not limited to: pamphlets, manuals, forms, surveys, questionnaires, CDs, DVDs, electronic educational products, slides, newsletters, training materials, web based training modules, protocols, standards, books, workbooks, brochures, articles, presentations, database formats. If the contact person for a particular publication/product is someone other than the Project Director, please provide their name, address, telephone number, and e-mail address.

In the past 5 years, we have successfully created 6 videos, 187 postcards, 39 Fact Sheets and 12 Information Brochures by AAPI youth in relationship to runaway, sexual violence and teenage pregnancy issues. All materials have been publicized at the "Youth In Charge" website – www.youthincharge.org, including youth produced Runaway Prevention and Sexual Violence Prevention video PSAs.

VII. DISSEMINATION/UTILIZATION OF RESULTS: Describe action taken to share information/findings/products/resources with others within and outside the State.

Our Initiative has taken on following steps to share the information:

A. Identifying End Users for Dissemination:

- Asian American and Pacific Islander (AAPI) members – youth and parents
- AAPI Community Agencies
- Mainstream Healthcare Agencies

B. Youth Created Multimedia Products, distributed through:

- "Youth In Charge" website
- Public Education Campaign for Healthy Life Style, through: weekly East Meets West cable TV shows; RadioASIA community show; additional video PSAs in selected Asian languages, posted at the APA ComMNet website.

C. Additional Collaboration with Dissemination Partners, through:

- APA ComMNet Partners
- AAPI Community Leaders
- AAPI ethnic media channels, such as: Chinese Newspaper and TV stations, etc.
- Distribute the printed materials at the AAPI gathering events and grocery stores

D. Additional Dissemination, through:

- Through presentations at the AAPI health forums
- Through presentations at National and Regional Conferences
- Through the publication at the Professional Journals
- Through Interest Group Listservs

VIII. FUTURE PLANS/SUSTAINABILITY: Describe plans for continuing the activities initiated by the project and future funding. Include anticipated results and both the short and long term impact of the project.

Our Initiative has a long term Sustainability Plan through: clear vision/strong infrastructure (the Advisory Board) & strong leadership (the Diverse Partners); high-level partners' participation;

securing in-kind donation; diversifying funding sources; and constant communication and media coverage to help its longevity.

A. Clear Vision and Understanding the Importance of Sustainability and Its Meaning to the Neighborhoods. Some projects that are short-lived due to lack of sustainability planning can create an atmosphere of distrust within the community, and can limit participation by the community in future community problem-solving efforts to support youth. Our Initiative has avoided such pitfall.

B. Effectively Support Leadership & Sustain Members' Participation. To help the project succeed long-term, leaders should take responsibility for brokering connections between people & resources, leveraging new resources for partners' projects, to build a sustainable system to support runaway APIs. The Advisory Board includes a range of representation, from project area participants, service providers, representatives from the local pediatric providers, and other stakeholders to create sustainability beyond the funding period. By working with partner organizations in a long-term objective, we can build capacity, raise community awareness, and avoid duplication of effort. All partners have committed in frequent communication and doing their shares.

C. Secure In-kind Support. Often, the partners may be competing for foundation money, which may create conflicts, so the best way for the project to survive is to establish relationships with local entities for in-kind support, such as: printing, facilities rental, and consultation, etc., to maximize the in-kind resource, and decrease the cash dependency.

D. Sustain a Healthy Infrastructure to Support the Leadership and Adapt to Changes.

Strong administrative structure helps the Initiative operate efficiently. It aids the project's ability to document outcomes, which can lead to additional funding. Additionally, projects need to adapt to the changing needs of the community. The problems facing a community change and in order to stay relevant, projects need to periodically "check-in" with the community at large. With a strong, and committed leadership, our Initiative has always been on the pulse.

E. Constantly Diversifying the Funding Sources from all Private and Public Sources.

F. Encourage Media Coverage and Replication

Publicity and dissemination about the experiences of the Initiative has supported the sustainability process. Good evaluation and monitoring procedures can also provide evidence of change for the better, for service users. This has provided the most important arguments for the Sustainability, and increasing other funding support.

ANNOTATION

Prepare a three to five sentence description of your project which identifies the project's purpose, needs and problems, which were addressed, the goals of the project, the program activities used to attain the goals, the major results and materials developed.

In recent years, Asian American & Pacific Islander (AAPI) youth has increased in numbers of runaways and homeless situation in MN. But with stereotyping that AAPIs are model minorities, the situation has not alerted the schools and mainstream agencies, the runaways and homeless youth, they lack of basic health care support, being sexual assaulted, or physical abuse, forced into prostitution, more and more youth fall into cracks without notice. Therefore, RICE (Reaching Immigrants with Care & Education) has designed the "Supporting Pan Asian Runaway and Homeless Youth" Initiative. In order to provide the most far-reaching and culturally-appropriate health services to homeless and runaway youth, RICE utilizes a multi-phased approach, and supports with a strong collaborative network, to conduct street outreach, health education, prevention and intervention services designed for AAPI street youth, aged between 10 - 18 years old, with a special focus on Hmong runaway girls who bear highest risk of being subjected to sexual abuse. **The goals of this Initiative are to assist AAPI runaway and homeless youth to live healthy, and substance free life styles, and to increase community awareness of available resources and health care for the vulnerable youth.**

KEY WORDS

Select the most significant terms, which describe the project, including health professions involved, population groups served and major issues addressed by the project.

Access to health care

Adolescents

Asian American & Pacific Islander (AAPI) youth

Assessment

Case management

Communications

Counseling

Education programs

Homeless

Immigrants

Information dissemination

Runaways,

Sexual/Physical Abuse

Substance abuse

Teenage Pregnancy

Youth

APPENDIX

Evaluation Report

Supporting Pan Asian Runaway and Homeless Youth
An Initiative of R.I.C.E., c/o Asian Media Access (AMA)

Supported by the HRSA

June, 2012

"When I first started it was as though I were walking into a whole new world, a world with equality. It was a world of equality that I wouldn't have found without "Supporting Pan Asian Runaway and Homeless Youth"

Participant at "Supporting Pan Asian Runaway and Homeless Youth" Initiative

“Supporting Pan Asian Runaway and Homeless Youth” Focus Group Evaluation Report

Evaluation Methods

The evaluation design for AMA is included as an appendix to the Final Report. It included a number of distinct data gathering elements, including a focus group interview with past and present youth members. It also included telephone interviews with a small sample of community partners and educators who have worked with AMA, and a survey for the AMA core group focusing on changes in family attitudes toward gender and related issues.

The findings of the evaluation follow. The report begins with Section I as a short narrative summary of the most salient findings. Section Two reports the findings focusing on – Behavior Change – (Stage one – Awareness, Stage Two - Agency, and Stage Three – Advocacy), responding to goals/objectives.

Supporting Pan Asian Runaway and Homeless Youth Section I: Summary of Focus Group Findings

A series of questionnaire responses, focus group comments, and interview findings were utilized to develop the following summary findings about AMA’s program

- **Core group.** AMA has engaged a core group of approximately 15 participants who participate on a consistent basis, a number of whom have been involved in youth programs at AMA for as many as five years.
- **Learning about gender and other issues.** AMA participants reported that they have become quite educated on issues of gender equity and the effects of culture.
- **Learning about sexual violence and other issues.** Teens participating in AMA not only learn about sex roles, but they have also spent considerable time researching the issues involved in sexual violence and exploitation, a problem particularly acute in the Hmong community. The teens discuss a wide variety of topics they say they simply don’t talk about at home. Moreover the girls learned about the effects of sexual violence on Hmong girls, who often run away from home at a very early age to prevent further exploitation.
- **Getting “pushed.”** AMA teens report that as they learn about the inequities in the pan-Asian community, even in their own families of origin, they get a little angry and more than a little “pushed” to do something. This comment comes from a AMA focus group:

“And then I was like...I don’t know what this is at all but when I got there and I learned all this stuff and I was like ok wow. I wasn’t even aware of this Hmong community and I thought about it and it is like true and... different values the parents have for the boys and girls you know. And that is when I became aware of it and so then I was like ok and then you start learning this stuff new stuff and then you learn all these things that really ticks you off sometimes and then after you get pushed to that point then you think like I want to do something to like to stop there. So there is a process to it.”

- **Communications skill development.** AMA girls report that they are learning many media-related skills, (public speaking, speech, media development) all of which have helped them better communicate with peers, and with parents and other adults, about issues of gender inequality and sexual violence. These are practical skills that the girls use to communicate as AMA leaders. They are also skills that make the girls feel more capable and self-confident. In a core group survey, we asked the girls if the program had provided them with skills and knowledge that make it easier to

talk with their parents and with others in the community about gender and gender issues. A significant majority (72%) of respondents said that the program has given them skills to talk with their parents and 67% reported that they had gained knowledge that made it easier to talk with others in the community.

- **Media skills development.** Several of the community leaders/key observers interviewed pointed out that the teens in AMA/AMA have become very skillful in the use of media, a vehicle that they described as extremely important in the lives of young people. As one said, the “kids today are so technologically advanced.” Another pointed out that this tech-savvy generation can be motivated by these media vehicles that they know and regularly use. Here is how he described it:

“These are kids we have allowed to become comptrollers of something that they’ve heard and seen work all their lives. Media takes the mind of people and leads them out to a whole new way of thinking and acting. So they see this as a powerful tool and they’ve taken advantage of it. I believe they can get the generation that we think we are losing.”

- **Power and confidence.** The AMA core group has indicated, repeatedly, that the work they do in the community and educating peers gives them a real sense of self-confidence and personal power. They note that the staff provides them with a great deal of encouragement, as well as important opportunities to speak up.
- **High quality educational and motivational materials developed by teens.** AMA has produced a variety of educational materials, including a participant-produced video, *No Means No*, a variety of public service announcements, posters and print material and this year’s *Making the Right Decision*.
- **Effective and motivating media.** Individuals who have partnered with AMA to share the videos with other Asian teens have reported that the teen-developed *No Means No* video and other materials are effective and motivating. Part of the motivation comes when other teens learn that this was a production conceived and carried out by their peers. Here is how one key observer described the reactions:

“The girls really liked the video. They thought it was funny, especially with the animation. When they discovered later on that youth had created the video it was real empowering for the girls. Oh wow, that’s so cool. They thought it was so important to get this message out. The girls really liked it. I thought it was pretty effective because a lot of the kids today are so technologically advanced. And I think animation is a key point in the teen culture. A good way to reach them. I thought it was effective.”

- **Sharing with Pan Asian Teens.** The videos and other media materials developed by teens in the program have been shown to teens and Asian youth groups at various locations. In addition, as noted above, the AMA teens put on a Healthy Lifestyles conference in the fall. A total of 831 teens were reached within 5 years year, along with peer-to-peer education. We gathered reaction data from 129 teens, admittedly a small proportion. Reaction data were uniformly positive, however. Seventy percent (70%) of those participating in the Healthy Lifestyle Health Forum pronounced it either “Awesome” or “Good” overall, 40% said they learned “a lot” about issues such as gender equity, teen pregnancy prevention, self-esteem, ATOD prevention and depression in the teen-led workshops, and 35% reported that the conference taught them “a lot” about communication and presentation skills. One third of those attending said that the conference has helped them “a lot” in talking to others about a healthy lifestyle. All of the youth survey findings are included in the appendix to this report.
- **Teaching other teens about sexual violence.** About the *No Means No* video, 73% said that it made them aware of the harmful effects of sexual violence, 58% said that it made them aware of the effects of culture on decision-making for teens and families, and importantly if followed through on, 63% said that the production inspired them to speak up and take action on behalf of victims. Teens said that the video also helped them understand the lack of supports for girls in the pan-Asian community and the diverse cultural perspectives on this complicated issue.

- Among teens participating in the peer-led Healthy Lifestyles workshops put on by the AMA teens, slightly higher proportions of teen participants (79%) said that the presentation made them more aware of the harmful effects of sexual violence and gender inequality. Three-fourths (74%) of teens said that the media made them more aware of the diverse cultural perspectives on teenage pregnancy.
- **Inspiring other teens to take action.** Among students who participated in a peer-led discussion of *No Means No*, a significant proportion (76%) said that they now believe it is important for them to take action against sexual violence. Among the Healthy Lifestyles workshop participants, very nearly all (94%) said they thought it necessary to take action.
- **Teens talking to others.** The AMA participants are convinced that they are changing the way their peers, their parents and others think about gender equity, teen pregnancy and sexual violence. Teens said that they regularly “spread the true word about gender inequality” in ongoing conversations with peers, as well as in the more formal peer-peer education sessions facilitated by AMA. When we asked the core group in a survey who they shared information with, a majority said that they regularly shared information with their brothers and sisters, sometimes with other family members, and substantial proportions with other teens. Nearly three fourths (74%) of the core group said they had shared information about gender inequality and equal opportunities for girls and women with other teens; a nearly equal proportion (68%) said they talked about teen pregnancy with other teens, and a majority (53%) said that they discussed sexual violence with other teens.
- **Less likely to talk to parents.** While the majority of AMA core group reported that they did talk to their parents about these issues, teens clearly have some problems discussing these issues openly with their parents. Only about one third reported that they could “always” talk honestly with their parents, and 47% said they could “sometimes” talk honestly with parents. These survey data are appended.
- **Changing attitudes.** The AMA core group reports that they have changed their mothers’ minds about gender equity “some,” although they are less likely to believe they have changed their fathers’ minds. They do believe that they have changed the opinions of people they have talked with about gender equity, teen pregnancy and sexual violence. The mean response to that question about changing opinions was a 3.3 on a four-point scale of 1 (No) to 4 (Yes, A Lot).
- **Getting kids aware.** In interviews the AMA teens said they knew they couldn’t change the world, but they did believe they were making other teens aware of issues they might not otherwise be aware of. Here is how one participant put it:

“This is what this was all about. It is all about getting these kids aware of what is going on in our community and what needs to be heard. Our voices are heard through this way.”
- A leader in a partnering organization said that the media vehicles were quite effective in communicating new information and opening up opportunities for teens, especially girls, to talk about issues. She said that the videos made the girls more willing to talk about issues they were normally reticent about:

“In focusing on culture, it really communicated the idea of healthy sexuality, sexual relationships, from the adult perspective. And I think in another sense it gave the girls a lot of good talking points. Or things to think about when they’re thinking about relationships with boys. And you know what, I don’t have to have sex if I don’t want to. After that I think the girls were more prone to come out and talk about different pressures that they’re experiencing. Sexual pressures. I thought it was really powerful. It really opened up dialogue.”
- **Changing behavior.** The AMA teens believe they can see changes in the behavior of their peers. This is what they say about Hmong boys:

“I will tell you right now. All the Hmong boys are slowly changing. They are slowly thinking about how valuable their girlfriends or the person. Boys know better now. They know that if they treat her wrong or something, they know about vocal girls now. They really do.”

- **Changing the community? Affective evidence.** As noted the teens believe they are changing the opinions of those with whom they speak. They recognize that to change the whole community is a lot of work. Most said they remained committed to do the task ahead. This is how two of them described the task ahead.

“I see the difference and I am like wow, I am making a change even though it is not drastic. It is some change and it makes you happy and you are like oh my gosh. You keep coming back and wanting to change more and more.”

“I come back because I am making a slow difference. Even though it is hard work... it is harder to make a difference in the whole community of Hmong people and other Asian people. No matter hard it is, in the long run, you are going to say I did this and changed this and I made a difference in this community so that is why I keep coming back.”

- **Taking the lead.** In doing the learning and the work around sexual violence the girls in AMA became aware of a significant problem of runaway young Asian teens, who have been victims of sexual violence or who run away to avoid early marriage or other exploitation. The girls learned that runaways younger than 14 have no place to go, yet they are a significant proportion of the problem. Girls are often married at this age. With the assistance of their mentors, the Supporting Pan Asian Runaway and Homeless Youth participants have worked on a shelter for homeless Hmong girls.

AMA Activities Successfully Leading to Community Attitude Change

AMA activities principally involve the development and use of various forms of media (videos, PSAs, posters, postcards, web articles). Teens learn new skills in web and media arts, and use those skills to provide culturally appropriate awareness and other materials on teen pregnancy, sexual violence, and gender inequality. The public information campaign is two-tiered. First it uses conventional media to raise awareness of issues. Second, it makes use of peer-to-peer education, working in a number of Twin Cities schools and youth-serving organizations, including the Girl Scouts and several area public libraries.

AMA has produced a video, *No Means No*, to communicate about sexual violence and to prevent it in the AAPI community where, as noted, talking about sexual violence is largely taboo. The teens produced this media package based on response to surveys administered to over 500 Asian teens in the project’s first year, and on other research done by AMA.

The teens have also produced a number of postcards, both black and white and color, incorporating the messages, "Don't be afraid to lose face, be afraid to lose the one you love," and "Whose job is that? Everyone." Moreover, the teens developed a variety of gear, including T-shirts, key chains and stickers and a teenage pregnancy prevention poster in four Southeast Asian languages (Hmong, Khmer, Laos and Vietnamese).

Each week, the teens gather for a weekly Support Group – What About Us in North Minneapolis. In addition, with the assistance of the St. Paul Neighborhood Network, the teens produce a monthly cable TV show “East Meets West” in which they discuss these issues of sexual violence, teen pregnancy and gender inequality with community leaders. In the summer, teens participate in intensive summer workshops. In addition, the group distributed DVDs, posters, and post cards at a wide array of community celebrations and activities. Importantly, the group provides peer-to-peer education, using the media materials developed, in Twin Cities area school.

Supporting Pan Asian Runaway and Homeless Youth Section II: Summary of Behavioral Changes

Progress of Behavioral Changes Toward Goal #1 - To assist AAPI runaway and homeless youth to live healthy and substance free life styles

Stage One: Awareness

1. The AMA teens have clearly become very well educated on the issues of gender inequality and sexual violence affecting Asian women and girls. These quotes are representative of the comments of participants:

"I was introduced to Asian Media Access about three-four years ago and I have been with them ever since but I think I attended one of their meetings and at first I was a little confused because I was still like in 7th grade and I didn't know anything about what they were talking about. I wasn't aware about anything. Half the words they used I didn't even understand. Yeah. I was just like doing the exercises they told me to do and like ½ the questions I couldn't understand them and I put down some stuff. And then after a while I started realizing and recognizing all the issues like when they were talking about sexual violence and gender and equality I started realizing that I fall under gender and equality because of the way it works at home, you know. At home it is really sexist. I mean in most Hmong and Asian families it is really sexist and after being with them I started to realize how sexist my family was and I started like realizing all these things that I don't think I would have ever realized if I wasn't with them and then after a while I just started saying you know what, if my family is sexist I am pretty sure a lot of families are and I just want to do something about it like so bad that I don't know."

"We learned what a good relationship is about, we learned about sexual violence...we learned that there are many issues that affect Hmong girls."

- Participants are involved in various skill-building media activities, based on the overarching themes of gender inequality and sexual violence. Students learn Photoshop and other computer skills, including videotape editing, photography, etc. The skills are learned in the context of developing personal ideas and group projects to address issues. Students also are able to attend summer media/performing camps. These are testimonies from participants:

"In AMA we work with technology and media. We work hands-on with cameras, computers, and adobe Photoshop. We also go to media camps and organize conferences. One exciting conference was about a healthier lifestyle. I'm very glad that I joined "What About Us".

"Our objective is to use short and concise messages to bring issues up in our community. Asian Media Access (AMA) trains us, from the inside, and others, from the outside, through their program of the Media Camp. They hold a media camp each year. In camp, we participate in workshops of a variety of topics...This program is not only helpful and educational, it brings us together as a community, allowing us to meet new people and enjoy ourselves while doing it. AMA trains us to use programs such as Adobe Photo Shop and iMovie, and use electronics like video cameras."

- In a regular TV show (SPNN), participants discuss issues such as gender inequality, sexual violence and teen pregnancy with other teens and with adult community leaders. Students said that through this vehicle, they are not only able to communicate their views to the larger AAPI community, but also are forced to build their knowledge of issues as they prepare for discussions.

2. Participating girls have developed knowledge and skills that have, in turn, helped to build their self-confidence and sense of power to change. The teens suggest that the program gives them the knowledge and skills (see appended data) that make it possible for them to speak out and then gives them multiple opportunities to

do so. This is a typical comment:

“It gives you power and confidence in yourself so that you actually can go out there and talk about it and do something. I think it is because they really put you out there. They put you on the spot for a reason. You are given a chance to speak your mind and do what you want to do, tell people what you think, and I think that in the long run it gives you a lot of encouragement. If you can do this then what can you do to the world?”

“AMA has given me the confidence to go to school every day, be comfortable in school, working, confident to be able to do those kinds of things. To be happy.”

“It helps to increase our self-esteem where I can show more of myself, not back down, study harder. AMA makes me feel like I have more rights. It’s not just doing chores at home. When we walk in the door, it’s like it doesn’t matter, we can be ourselves.”

“So like to me no matter how my grandfather acts to me, it doesn’t matter. I know he grew up learning it like that so I have no problems. It is just how the person takes whatever compliments. Like the compliment where he told me he wished you were a boy. I take as a compliment in a positive way. I am like, whatever... To me I know my grandpa is proud of me and that is why he said that because the boys aren’t creating a good name. It is the girls that are creating the good name. I know he is proud of me. It is just depends on the person who is being spoken to. How they take it in I am a daughter and you are proud of me because I am smart and you know that one day I will have a big name.”

3. Non-participating teens and community members have become aware of the issues of sexual violence affecting AAPI girls and women.

- Pan Asian teens from throughout the Twin Cities area have been made aware of the nature and extent of sexual violence affecting Asian girls, along with healthy lifestyle choices and options to prevent or delay pregnancy. In 5 years, the AMA group reached 831 teens, providing peer to peer education in four Twin Cities area school districts: Brooklyn Park (3 schools), Minneapolis (7 schools), Roseville (2 schools) and Saint Paul (4 schools).
- Seventy percent (70%) of those participating in the Healthy Lifestyle Health Forum pronounced it either “Awesome” or “Good” overall, 40% said they learned “a lot” about issues such as gender equity, teen pregnancy prevention, self-esteem, ATOD prevention and depression in the teen-led workshops, and 35% reported that the conference taught them “a lot” about communication and presentation skills. One third of those attending said that the conference would help them “a lot” in talking to others about a healthy lifestyle. All of the youth survey findings are included in the appendix to this report.

Stage Two: Agency

1. Girls participating in AMA have been provided numerous leadership opportunities.

- Teen participants recognize that they can exercise personal leadership as the following quotes suggest:

“In “What About Us,” we have the opportunity to plan, host, and participate in conferences. We learn about and use different types of media, many things we never have learned about otherwise. We learned how to speak out to the community using pictures and videos.”

- Participating community leaders also recognize that the teens develop leadership skills in the opportunities provided to develop and share media. This is how one key partner described the growth in leadership:

“It really got the teens to say you do this and I do that and you do this and I do that. Each had their own role that they were to do. That really did build their leadership skill in knowing who’s weak on what and who’s strong on what. And once they found their strength and weakness

they could act on that. So that was a very good leadership that they learned from media production.”

- Staff and community partners see the girls exercising leadership in other situations as well:

“The girls are in leadership positions in school too, the National Honor Society, cheerleading, sports. They are leaders within organizations, community, schools and at home with their parents.”

2. Girls have taken their personal leadership into the larger community. Teen participants said that they have grown from the many opportunities AMA provides for them to speak to adults and the larger community, to actively recruit peers to become a part of AMA and to take the message about the “right and wrong” of gender inequality and sexual violence out into the larger community. This is how focus group participants described their leadership role:

“I got frustrated many times because there are not many of us. We don’t have much meeting time. We meet every Friday and this conference was and then coming to the conference and participating and it is now all over and done with, it has got me back on track. This is what this was all about. It is all about getting these kids aware of what is going on in our community and what needs to be heard. Our voices are heard through this way.”

3. AMA girls regularly reach out to, and provide leadership opportunities to, younger Asian girls. Girls said that they feel a responsibility to “create a movement,” and so make special efforts to mentor younger girls and engage them in AMA. Here’s how they described this in a focus group:

“Yeah I do because when I think about this if I was more worldly and stronger I would have started to make a difference when I was younger and started sooner. More changes would have been made. We support them and try to give them more leadership roles. More leadership roles so that they know the feel of being a leader and know the feel of taking charge of something...Like See. She was in charge of our block and took pictures around the neighborhood. Bad things about the neighborhood that needed to change. She took the camera and that role. Our latest animation that we are doing, they also did background scenes. They created things even at that young age.”

Progress of Behavioral Changes Toward Goal #2: To increase community awareness of available resources and health care for the vulnerable youth.

Stage Three: Activism

1. Teens participating in AMA regularly voice their concerns about issues of gender inequality, particularly sexual violence toward women and girls, in their schools, neighborhoods and the larger community. All argue that they are active in their schools and communities as individuals, and are more powerful activists as a part of a group. Teens also argue that they feel compelled to speak out:

“It gets me involved. AMA is a strong organization. We are active. We want to get more into government. Guys too so they will get this. I know most girls; the reason why they are not active is because they don’t know. They are not aware or maybe they are just scared. We are there to show them that you know, they shouldn’t be scared and that they should speak up. This isn’t just girls. It is guys too”.

2. Teens participating in AMA believe that they have had an impact, individually and collectively, on changing attitudes about the role and value of women, and the negative effects of sexual violence and early pregnancy.

- In testimonies produced for the final celebration of AMA the participants produced testimonies about what they had accomplished. Here are three examples of the ways in which the girls believe that they have changed attitudes:

(Phoua) In our first year, focusing on Sexual Violence, we noticed that there was much Sexual Violence going on in our community. So we focused on bringing attention to the situations and we also noticed that many of the cases were not spoken out about. So along with bringing attention to the situation, we wanted to break that silence. We wanted to give youths the opportunity to speak out and have a voice.

(Kang) In our second year, we focused on Gender Inequality Prevention. Personally for us Hmong girls, it happens a lot in our community. So as girls we feel unfair and unjust to be treated unequally. As a Hmong girl, following my beliefs. My experiences are different from many other cultures than Hmong. I am totally against it because I believe that all girls/women should be equally treated and receive the same kind of respect. No matter what race you are or what your belief is.

(Sia) Finally for our third year, we focused on Teen Pregnancy Prevention. As a teenage woman I believe that we should have many different choices and resources to education about sex. Also on how to prevent teen pregnancy. We saw that in our community, there were a lot of young girls getting pregnant without being well educated about teen pregnancy. So we decided to have our focus on this topic to help better educate them about the different kinds of resource. Such as abortion, using protection, getting a kind of disease, and how to help yourself if you run into a problem like that.

(Sheng) We try to reach the unreached. We produce many important PSA's focusing on issues such as teen pregnancy prevention, sexual violence, drug and alcohol abuse, etc. We want to send a strong message about these serious issues, but we still have fun while working together.

Supporting Pan Asian Runaway and Homeless Youth

Section III: Factors Influencing the Success

- **Giving teens an opportunity.** Key observers of AMA suggest that one of the reasons that the program has been successful is simply the opportunities afforded young people by mentors and staff who believe in them. Here is how one observer put it:

“If we could continue this work, we could turn our young people around from all races. What Ange has attempted to do is to (work with) kids who want to be something but who’ve never had the chance or the opportunity or who never had the people who believed in them. And she’s had the audacity to say let’s do it. Tell me what you want to do and I’ll show you how and you can do it! That’s what Ange says to those kids.”

- **Supportive adults/mentors.** Teens said that one of the reasons for their success so far has been the support their adult mentors provide. They speak warmly of their mentors, suggesting that they are “open and ready to tell us everything we need to know.”
- **A big family that gets along.** Participants over the past years have talked with me about AMA/AMA being a kind of family. They suggest that it is a family that gets along and works together toward shared goals.

“Like what they said, you are making a difference little by little and everyone in the group has the same interests of changing young people’s views and stuff and we are like a big family that gets along.”

Supporting Pan Asian Runaway and Homeless Youth

Section IV: Factors Hindering the Success

- **Parental reluctance.** Teens said that it has occasionally been difficult to engage the full support of their parents for AMA. And survey data suggested that some proportion of these participants feel that it is difficult for them to be completely honest with their parents about these issues, even with the skills and knowledge AMA has provided.
- **Cultural barriers.** The AMA girls spoke at length about the kind of ingrained expectations that girls were to be silent, subservient and domestic. They also noted that it is tremendously difficult to talk about issues in what one community leader described as a “very shy culture.”

Supporting Pan Asian Runaway and Homeless Youth

Section V: Overall Summary of Progress Toward the Desired Outcomes

Although there is not the kind of evidence one might have hoped for in terms of broad community change, AMA has made progress toward its ambitious goals of changing deeply ingrained cultural beliefs about the roles and the value of women in AAPI society. Participating teens have been, as they describe it, “dramatically” affected by their participation in the program. It provides them with concrete opportunities to build their communication skills, and to build new knowledge about sex role stereotyping and other issues affecting Hmong and other Pan Asian women. In so doing, the participants have increased their self-esteem, their self-confidence and their willingness to be activists on behalf of girls and women.

And the program has been successful in reaching both a teen and a general community audience with its two-tiered media and communications strategies. AAPI teens, mostly Hmong teens, reported positive views about the quality of the media, the message and the communications methods. Importantly, they say that this is an issue which is important to discuss and important in the community. Perhaps more importantly, they reported that the message delivered by AMA would inspire them, too, to speak up and take actions on behalf of victims of sexual violence, and runaways.

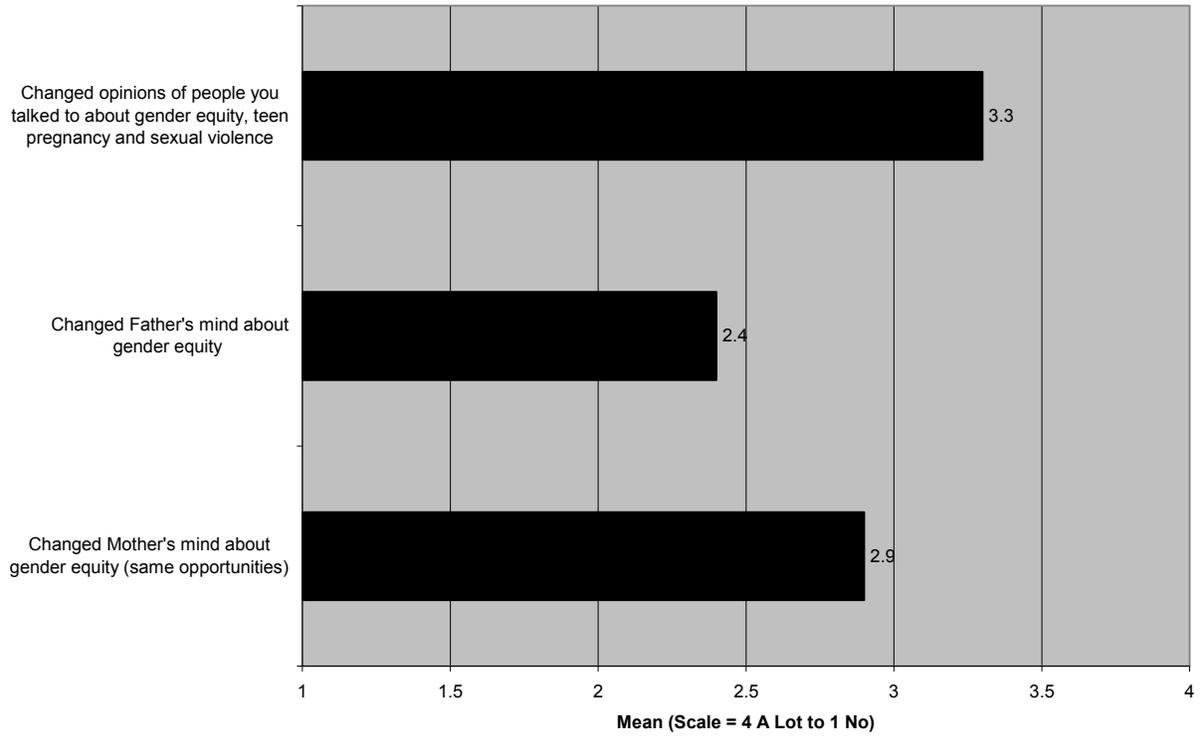
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Section VI: Recommendations for the Next Step

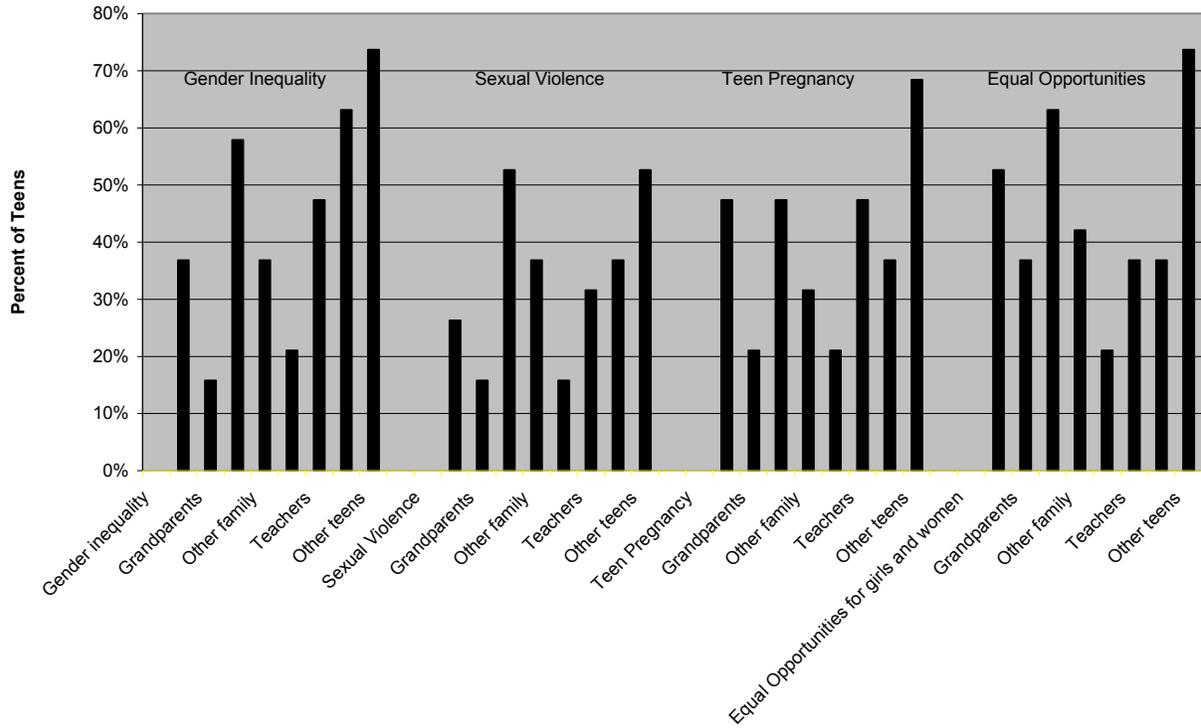
Clearly this Initiative will be and should be continuing, focusing on support for homeless teens. This evaluator would strongly recommend continued support of AMA for the innovative materials development and for branching out into new and unique ways of supporting girls to become self-confident and economically prepared.

Graphics: AMA Support Group Core Members' Survey Findings, "No Means No" Video Evaluation, and Health Forum Workshop Evaluation

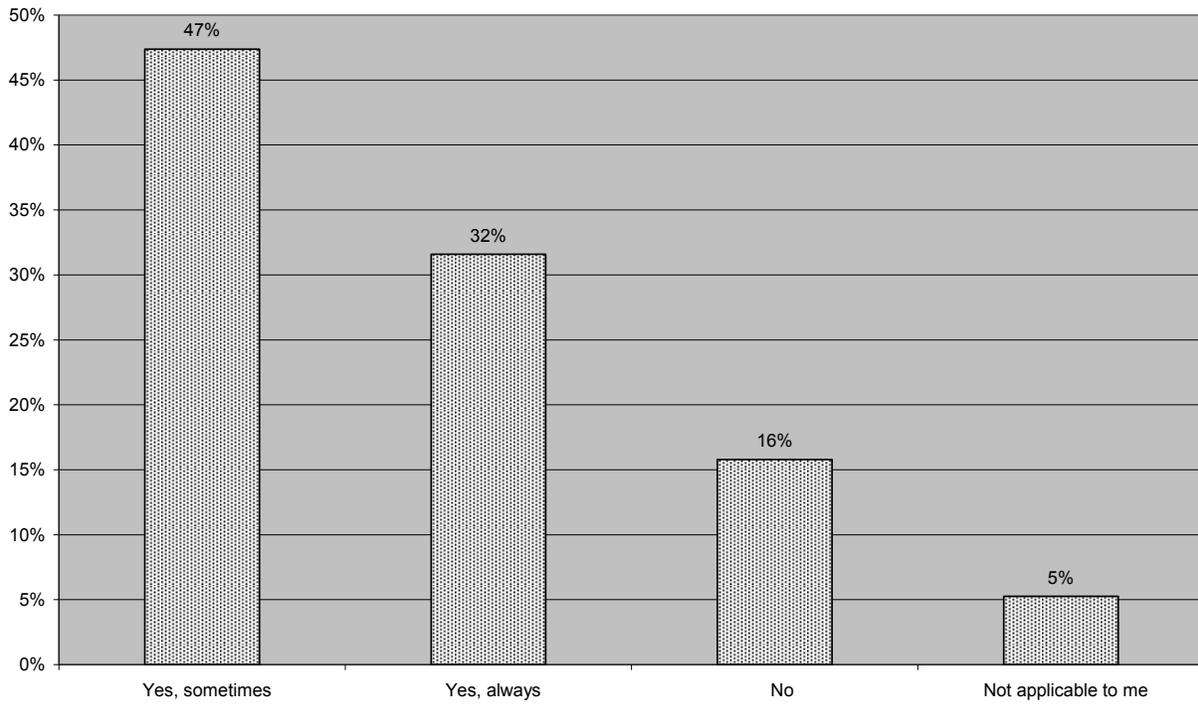
WAU Core Teens' Views on Results of Activism N = 18



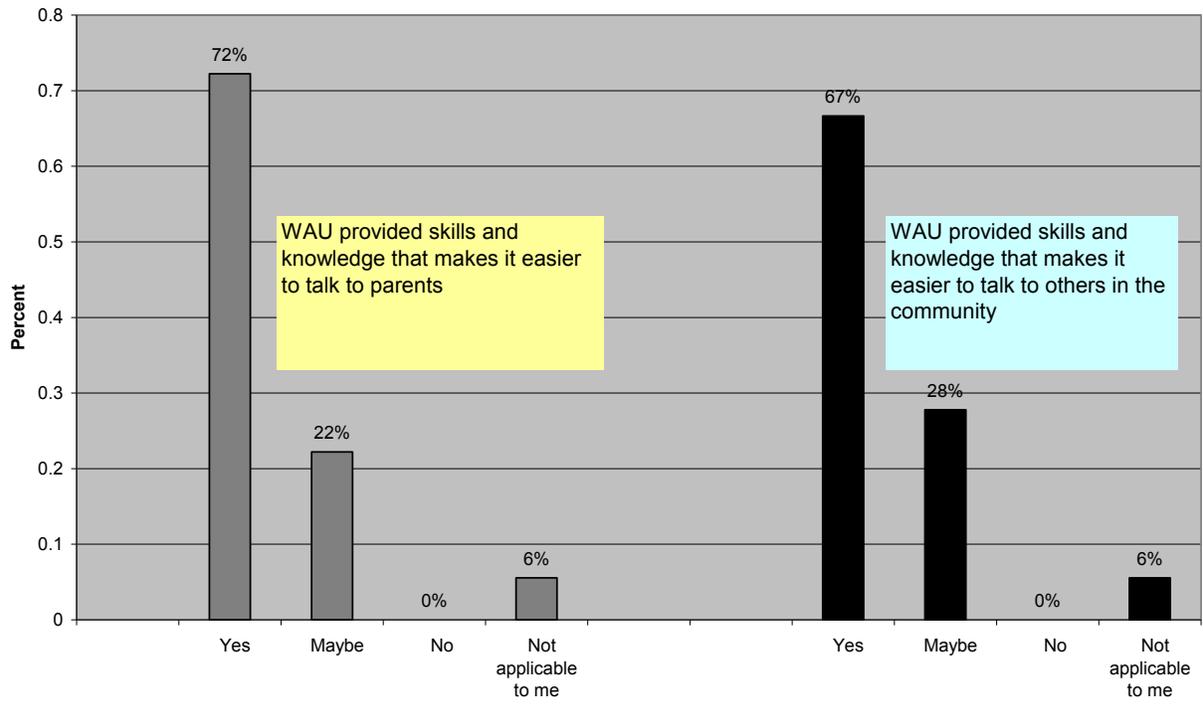
WAU Core Teens - With Whom Issues of Gender Discussed



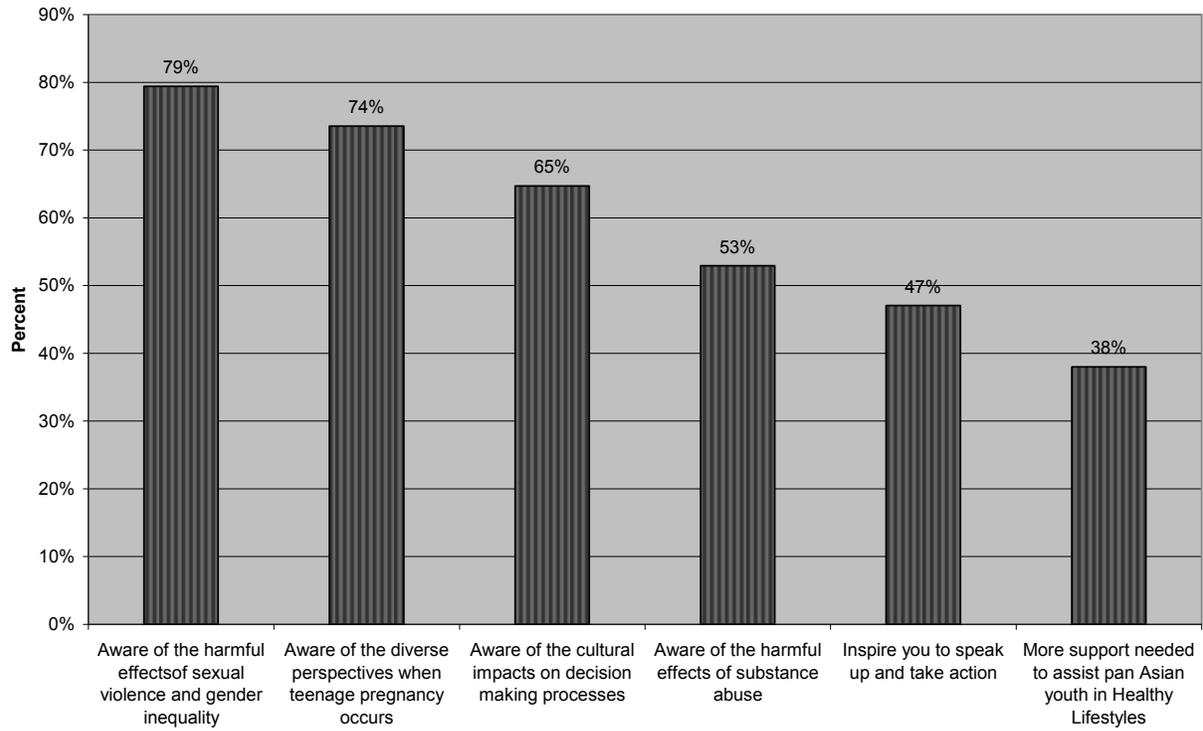
WAU Core Teens' Perceived Ability to Talk Honestly with Parents About Gender, Gender Inequality, Teen Pregnancy and Sexual Violence (N = 18)



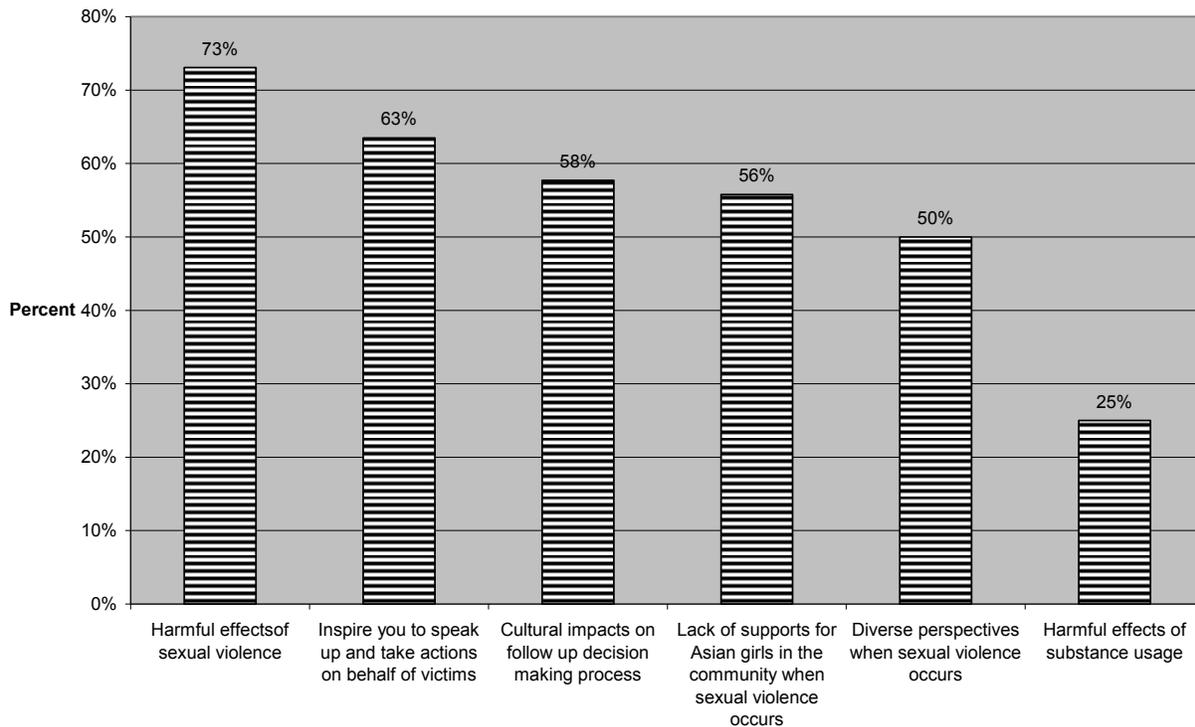
WAU Core Teens' Perceptions of Skills and Knowledge Developed in WAU
Knowledge Makes It Easier to Talk to Parents and Others about Gender and Gender Issues



Healthy Lifestyles Workshop Evaluation (N = 34)



No Means No Video Evaluation (N = 52)



Percent of Participating Teens Who Now Believe It Important for Them to Take Action N = 86

