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# Preventing Heart Disease and Stroke

Executive Summary of Focus Groups  
with People Living in Minnesota

*With an additional section of health information for the American Indian Community*



Minnesota Heart Disease &  
Stroke Prevention Unit

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# Executive Summary

## Background

The Minnesota Department of Health (MDH) will soon be developing a five-year strategic plan to reduce heart disease and stroke in Minnesota. To prepare for this task, decision-makers wanted to better understand how people living in Minnesota think and feel about:

- Heart disease and stroke
- Heart healthy eating recommendations
- Heart healthy exercise/physical activity recommendations
- Smoking
- Methods to prevent heart disease and stroke

Focus group interviews were conducted with African Americans, American Indians, Caucasians, Hispanics/Latinos, Hmong, and Somalis to get a better understanding of their perspective on these issues.

In addition to integrating these findings into the strategic plan, the MDH will share the findings so that local practitioners, clinicians, health educators and planners can review them and incorporate them into their own initiatives and services in order to prevent heart disease and stroke.

<b>Population</b>	<b>Location</b>	<b># of Youth Groups</b>	<b># of Adult Groups</b>	<b>Total Groups</b>
American Indian	Reservation 1	2	3	5
	Reservation 2	2	3	5
	Urban	2	3	5
Caucasian	Rural	2	2	4
	Urban	2	2	4
African American	Urban	2	2	4
Hispanic	Rural	1	2	3
Hmong	Urban	1	2	3
Somali	Urban		1	1
Total Groups		14	20	34

The study concentrated on the population at highest risk of cardiovascular disease – American Indians – but also listened to others throughout the state. In total, 261 people participated in the focus groups. Focus group participants included adults (ages 30 to 55) and youth (ages 11 to 18). However, some of the American Indian adults included elders who were older than 55. Attendance for the focus groups was between four to eleven participants. On average, the adult groups lasted about two hours and the youth groups lasted about one-and-a-half hours.

Community members and community organizations were hired to help recruit participants for the groups. Focus group participants were recruited from churches, schools, or community organizations (African American, urban white). Recruiters also used their own networks to find participants (American Indian, rural white, Hispanic, Hmong, Somali).

All participants signed consent forms agreeing that they understood their comments might be included in a cardiovascular health report and used during the development of a strategic plan, and also understood that no names will be attached to the comments. A parent or guardian's signature was required for youth to participate in a focus group. Participants received a monetary incentive for participation in the focus groups.

The questions that were used during the focus groups are included in this summary. Please note that in some circumstances these questions were re-worded or re-phrased for various ethnic groups in order to allow for clarity and to generate conversation.

In some cases community members who had been trained to conduct focus groups were also hired to moderate the groups (urban American Indian, African American, Hmong).

MDH received permission from the Tribal Council Boards to host focus groups on the reservations.

Mary Anne Casey, Ph.D., moderated or assisted in all of the groups. Having one focus group facilitator who coordinated and attended all groups helped support consistency and made the analysis of information easier. Each group was audiotaped. Transcripts and notes from the groups were used for analysis.

## **Findings from all the Focus Groups**

The following section summarizes the key findings from all the focus groups across the various ethnic groups. The American Indian reservations' focus groups' findings are described beginning on Page 10 of this summary. And the American Indian urban focus groups' findings are found on page 17.

The majority of people in these focus groups were not trying to prevent heart disease or stroke. Cardiovascular health was not something that most people thought about much.

Yes. They knew they should get exercise.

Yes. They knew they should eat better.

Yes. They knew they should stop smoking cigarettes or chewing tobacco.

Heart disease is seen as an older person's disease. People believe they have time and say they will worry about it later. Heart disease is not a problem, because people cannot see what is happening to their cardiovascular system and they feel healthy. Typically, only a personal or family health crisis makes prevention a priority. Most people said they deal with health problems when they arise. And even then, some people don't change their behaviors.

### **Physical Activity/Exercising**

Participants believe that they should get the recommended amount of physical activity: 30 minutes of moderate activity, five or more days a week. However, because of a lack of time or desire to be physically active, most people find this recommendation difficult to accomplish. Exercise is boring and hard to do for many people. Those who do get started often quit because it is difficult to stay motivated.

For many, exercise is associated with losing weight, rather than what you do to stay healthy. In the African American, Somali, and Hmong groups, people said they have less motivation to exercise, because it is socially acceptable in their culture to be overweight. A few people stated that they were not overweight and so they did not think they needed to exercise.

Exercise is not a part of many adult lifestyles. Adults expressed that work and family are their priorities, which consume most of their time and energy. After working and caring for their family, people have little time or energy for exercise. Also, some people said that they feel guilty if they take time for themselves.

Many people associate exercise with going to a gym, however some people do not feel comfortable going to gyms. People do not like going to gyms because they do not feel like they belong; they imagine the gym full of thin, fit, young, white people who look great in workout clothes. For some people, the locations are unappealing to exercise because of a lack of facilities and also a lack of organized, consistent exercise programs.

For some, outside safety is a deterrent to being physically active. People do not feel safe playing ball in the local park or walking. Some adults said they do not let their kids play outside because it is unsafe.

Here in Minnesota, the weather and seasons are also a factor in outdoor physical activity. Some people stated that during the winter the weather makes it hard to be active outside.

### **Eating**

Feeling healthy leads people to believe that the heart healthy diet guidelines do not pertain to them. Some participants said that they feel good and/or have not been diagnosed with any disease and, therefore, do not believe they need to follow a heart healthy diet (more low-fat foods, less sugar, and five fruits and vegetables a day). Others stated that they know they should follow a heart healthy diet, but that it is too hard. A heart healthy diet seems restrictive, expensive, and inconvenient. Also, people view it as a “diet” rather than a healthy way of eating.

Following a healthy diet is also associated with less tastier foods. People said they like the taste of fat, sugar, and salt and foods without these seem bland. People said healthy foods just do not taste as good as less healthy options.

The heart healthy diet recommendations differ with the typical diets of some groups. American Indians said they eat a lot of fried foods and sweets. African Americans said they like soul food, which tends to be high in fat. Hispanics, Hmong, Somalis, and Caucasians said their diets are

usually high in meat and low in fruits and vegetables. The teenagers like fast food, pop, and snacks like candy and chips.

Purchasing healthy food is thought of as being more costly. Many people believe it is too expensive to eat as recommended. In particular, fruit was noted as being too expensive for families. People want good value, and they believe that buying healthy food is not a good value.

Following a healthy diet is also believed to be inconvenient. More time is needed, people said, to prepare fruits and vegetables than to open a bag of chips.

Changing eating habits is difficult and takes effort. Some people expressed that they would like to change their eating habits, but that it was hard to do because they were stuck in a routine. Also, barriers exist that make changing eating habits difficult, such as not knowing where to shop or how to cook differently. Cooking for a family is another barrier to changing eating habits. Some people worried that their families would not like different foods. Other families stated that they had picky eaters, which already made meal preparation tough.

### **Cigarette Smoking and Chewing Tobacco**

In most of the focus groups, one or two current or ex-smokers were present. However, in the American Indian groups most participants were current smokers. (Although American Indians use tobacco in spiritual practices, the current smokers in this report refer to smoking and chewing commercial tobacco, not sacred use.)

For smokers, smoking cessation is not easy. Smokers who have tried to stop said they crave cigarettes in social situations, when they are stressed and feeling angry, lonely, or nervous, when they smell a cigarette, or when they see someone else smoking. Smokers said it is hard not to smoke in settings, such as parties, bars, and casinos, where others are smoking.

Other smokers are not interested in quitting, because they enjoy smoking—they like the activity, the smell, and the taste. Some smokers believe that quitting smoking would not be beneficial because they have already done too much damage to their body. A few smokers thought it was OK to smoke now, because they had not smoked a lot when they were younger.

### **What would help people change?**

What would help people be more physically active? People would be more active, if exercise is part of a responsibility or commitment, like walking the dog, meeting a friend for a walk, or part of your job. If there were short-term benefits to exercising, people would be more likely to participate, for example if the activity is fun, a time to get together with people, or your employer pays you for exercising over lunch. Long-term benefits, such as lowered insurance rates, may also be an incentive to be active.

People need convenient and safe places to exercise or be active. The places also need to feel welcoming so that people feel as if they belong, no matter their gender, weight, age, or race/ethnicity.

Having support from other people can also encourage people to exercise. People said they would be more likely to exercise if someone they know invited them. Because making a commitment to

workout is difficult, some people suggested that a trainer or coach could help them get started and to keep them motivated.

What would help people eat healthier? Changing the food served in schools was one suggestion to help kids eat healthier. Both youth and adults believe that schools offer too many high fat foods and that schools should offer healthier food. Although current school offerings may meet USDA standards, some people believe the standards are not high enough. Another suggestion is to offer healthier food options for snacks and through vending machines and school stores.

Another place where healthier food could be offered is in the workplace. Some people said it would be easier to eat healthy foods if there were better options at their workplaces. Often times, the treats that are offered at work or at special events are high in fat or sugar. Also, vending machines at workplaces offer few healthy options.

Some people suggested that MDH should work with the restaurant industry, particularly fast food restaurants, to encourage them to serve healthier food and also to encourage customers to order healthy foods.

Having access to easy tips, recipes, and menus would help people change the way they shop and cook for their families. People said they want to learn more about foods that they have not tried, for example, different fruits and vegetables or low-fat foods. Other people want to learn healthier, but equally tasty, ways to make favorites like soul food or frybread.

What would help people to stop smoking? A variety of suggestions to stop smoking were given by people. Better smoking cessation drugs, some people said, might help them stop. Others said only a major health crisis would scare them enough to stop. A couple of people suggested that the government increase the price of cigarettes so that smoking is not economically feasible. And a few smokers stated that nothing would get them to stop.

An interesting suggestion to help young people not start or to stop smoking was to give youth a computer generated image of what they would look like in the future if they smoked. Others suggested using real hearts and lungs of people who had died from smoking related illnesses to show people what happens to their body when they smoke.

Whom would people listen to about heart disease?

Participants said people listen to different sources: community health care providers (primarily doctors); community members who have personal experience with an illness or condition; their religious or spiritual leaders; elders or community leaders; and teachers.

Most people said messages, whether visual or audio, are more powerful if they are vivid. Whereas, written materials seem to be less persuasive. Messages are also more powerful if people see their culture or ethnicity represented in the message.

What would make it easier to follow heart healthy recommendations?

People need the support of those around them, because to follow the heart healthy recommendations alone is very difficult. One group pointed out that in our health care system,

diseases are looked at as an individual's problem. The individual must change their behavior and the family is not included in the solution. Many people said it is very difficult to be the only family member who is trying to make heart healthy changes. Some suggested that lifestyle changes be encouraged in families, neighborhoods, churches, workplaces, and communities, rather than emphasize changes only at the individual level.

Several groups said it would be easier to follow the recommendations if they received support. People believe that the health care system takes a reactive approach to heart disease and stroke, rather than a proactive role. There are programs for people who have been diagnosed with diabetes or heart disease, but they knew of no programs for people who might want to prevent these illnesses.

## **Recommendations for planning cardiovascular health programs**

Community members provided many wonderful suggestions about what might help people to be more active and eat healthier foods. MDH recognizes the richness in this information and encourages practitioners, clinicians, health educators and planners to carefully consider these recommendations in program planning.

Consider a social marketing approach. Education alone is not enough to get most people to change. Look to decrease the barriers that community members identified and increase the incentives for change. A well-rounded approach is needed to address educational, institutional, financial, emotional, social, and cultural barriers and incentives.

Consider a campaign to reframe how people think about:

- Heart disease and stroke  
People think “it won’t happen to me” or “I have time. Heart disease happens to older people, so I can exercise and eat right later in my life when I have more time.” People are less likely to believe there can be a problem if they feel healthy.
- Exercise  
People associate exercise with weight loss and with going to the gym. Many also believe exercise is boring and hard to do. People believe they will not feel comfortable at a gym and therefore are less likely to go.
- Eating heart healthy food  
People currently see eating healthy food as expensive, inconvenient, restrictive, and bland. Eating healthy foods is seen as a diet.

Reframe heart disease so younger people, particularly women, believe it is important. Try to promote exercise and eating healthy foods in more positive ways. Also, consider encouraging exercise around being healthy rather than around losing weight.

Consider approaches that focus on groups of people: families, church members, employees, school children, neighborhoods, communities, health plan members. Having others around for support helps people to make lifestyle changes.

Consider approaches that are fun. Hispanic/Latino community members suggested having “parties” at community members’ homes to teach families about heart disease, offer cooking classes, taste healthy foods, and get heart healthy recipes. These parties might also be adapted for other communities. Be creative and think of other fun approaches.

Consider using program facilitators and leaders who have superior social skills. Having program staff that is knowledgeable in heart health information is important, but having program staff that is socially skilled may be equally or more important. Program participants need support, encouragement, and a smiling face to make the experience more enjoyable.

## **Additional Section of Health Information for the American Indian Community: American Indian Reservations' Groups' Summary**

Many participants had been diagnosed with diabetes or being borderline diabetic, and were aware that they are at a higher risk for heart disease and stroke.

### **Food**

People said it is hard to follow the heart healthy food recommendations because:

- They like the taste of sugar, fat, and salt
  - Foods taste bland without fat, sugar, or salt
  - They feel deprived when they limit foods they like
  - Some people feel that eating healthy is no fun
- Some people don't like many vegetables
- It is hard to get other family members to eat healthy foods. Children can be picky eaters
- It is expensive to eat as recommended
- The commodity foods that some people eat are high in fat
- Parents and children are addicted to pop
- It is easier to eat fast foods or convenience foods (high in fat, sugar, and salt) than cook a meal
- The selection of healthy foods is limited in some stores on the Reservation
- Some people lack of information
  - They don't know how to shop or cook in a healthier way
  - They don't know if they would like healthier foods
  - Some diabetics didn't think they should eat fruits because of the sugar in them
- Students eat high fat foods at school
- If smokers try to cut down on cigarettes they crave food
- The use of drugs and alcohol makes it hard to follow these recommendations

### **Physical Activity**

About half of the students interviewed said they participated in a school sport: basketball, volleyball, or baseball. This was much higher than the number of urban American Indian youth who said they participated in a school sport. Basketball was extremely popular with both the boys and the girls, both in school and as an after school or summer past time.

What makes it hard for people to be physically active or exercise? People said:

- Exercise is boring and hard to do. It is easier not to exercise.
- Doing exercise by yourself is hard. A partner makes it easier to commit and stick with it.
- What makes it hard for people to be physically active or exercise? People said:
- Feeling like you won't feel comfortable in a group or at a facility. People worry that:
  - They won't know people
  - People at a gym will judge them or talk about them
  - People at a gym will be skinny
  - That certain facilities aren't for girls/women (e.g., weight lifting room at high school)

- That it isn't a place for people their age. (Some felt older people wouldn't feel comfortable exercising at the high school.)
- Feeling embarrassed about being overweight, out of shape, or uncoordinated
- Being shy. Consistently we heard that shyness might be a characteristic that keeps people from getting help they may need or from participating in programs.
- Cold weather sends many people inside.
- Not feeling safe. Although many people said they like walking, it is hard to find safe places to walk.
  - Dogs and bear are a problem on the Reservation, even in the towns. One woman said she doesn't let her grandchildren play at the local park because aggressive dogs attacked her grandchildren there. She said the police no longer take calls related to dogs.
  - One woman said she quit walking for a while because she worried that someone might pull a gun on her.
  - There are no sidewalks. It isn't safe to walk on the roads because of the traffic and because they are slippery in the winter.
- People said there are no organized, consistent, opportunities to exercise. Things get started but then for various reasons fizzle out.
- Some people don't have enough time. They work, go to school, and take care of their families.
- Not having a plan for how and when they are going to exercise
- Smoking makes it harder to exercise

## **Smoking**

The majority of adults in the groups were current smokers.

People said it is difficult to stop smoking because:

- They enjoy smoking. They like the smell. They like feeling of smoking.
- Certain things, like morning coffee or a beer, go with smoking. These triggers make them want to smoke.
- Being around other smokers makes them want to smoke, and many people on the Reservation smoke.
- Places, like the casino or bars, make them want to smoke. (There are few other places to go for entertainment on the Reservation.) Some said they get so much second-hand smoke at these places that they feel they might as well be smoking.
- Smokers get "crabby" when they try to quit and others around them suggest they go back to smoking.
- Several people had tried the patch but had developed side effects, like an allergic reaction.

## **Advice to MDH:**

Participants offered these ideas:

Increase awareness of:

- The prevalence of heart disease and stroke in the Indian Community
- That heart disease and stroke can be prevented
- Simple, low cost things people can do to prevent heart disease and stroke

Create safe, welcoming places for people to be physically active and have fun

- Create a fitness center(s)
  - People said they want a place to go, like a fitness center. They would like this place to have a track and exercise machines. Current community centers are used for wakes, which may last for three days, making it difficult to schedule the buildings for other purposes.
  - It is clear that just having a place with exercise equipment is not enough to get people to be more active. Participants said:
    - There should be a trainer with excellent social skills to help people feel at ease and welcome.
    - People may need personal invitations from someone they know and respect before they will join.
    - It would need to be a place where everyone would feel comfortable—young, old, boys, girls, men, women, thin, heavy, fit or not.
    - The fitness center should feel social and fun. This is what attracts people and keeps them coming. People like a chance to visit with one another.
    - If someone quits coming they may need a call and encouragement to return.
  - Keep things interesting so people don't get bored and quit coming.
  - There should be consistent hours and programs.
  - The fitness center would need to be low-cost or free.
  - There should be childcare available and/or activities for children and families.
  - Some people may need transportation to the fitness center.
  - One person suggested putting exercise equipment in a semi-trailer and creating a mobile fitness center. A trainer could drive the truck to a family's home or town and make it convenient for people.
- Create safe walking/hiking/biking trails. People want safe places to exercise outside. People currently walk on the road because there are no sidewalks or trails. Some don't walk because they fear aggressive dogs. Bear can also be a problem.
- Create an ice-rink on the lake. Participants suggested creating an oval track ice rink on the lake.

Create a force of people who will act as a core group and will stick with a program

- Participants said a problem is that people get bored easily and quit. They said they need a group of people who commit to get healthier together.

#### Create incentives for people to practice healthy behaviors

- Many people need more immediate incentives to exercise and eat right than that they may prevent an illness.
- For some the incentive may be that they are helping their family.
- Some wanted to make the incentive more of a game, like having a pot of money that people could win if they lost weight or exercised. One person worried that that might be encouraging gambling.

#### Make positive role models more visible

- Several people said there are not enough positive role models in the community. People who are exercising and not smoking and eating right should share their experiences with others. Two people suggested that role models should be paid to encourage others to be healthier.

#### Offer courses/seminars

- Have motivational speakers to inspire people to be healthier.
- Offer courses on how to shop and cook differently. Some people were interested in how to cook lower fat and what to do with vegetables. Others were interested in tasting and using tofu and other soy products.
- Hold tasting sessions where people could decide if they liked different foods or recipes.
- Offer classes on planning, which would help people find time to shop, cook, and eat better.
- Offer recipes and menus.
- Offer classes for parents of young children on eating and exercise.
- Use extremely vivid images of what happens to people with heart disease or a stroke. For example, show a real heart that is damaged by heart disease, not a picture of a heart or a plastic model.
- People prefer oral stories and pictures over printed materials.

#### Work with the schools

- Improve the school breakfast and lunch program so it is healthier. (Parents said it is high in fat.)
- Include courses on healthy eating in the schools.

#### Create support groups

- Some people would like support groups to help them lose weight or exercise.
- The support group leader would be a motivator and an educator.
- People need to feel comfortable or they won't come or participate.

Make it easier/faster for people to be monitored for health issues. Some people complained that it is time-consuming to have their blood sugar levels checked, so people don't bother. They suggested that people might monitor their health more closely if the health care facilities made it easier for people to do.

## Quotes from the American Indian reservations' focus groups:

*I've got a neighbor who has dogs. I don't know how many times I have called the police that they have my grandchildren at the playground up on the equipment trying to get away from them. That pit bull was biting at my grandson's foot. He was screaming. I called the police. The guy got mad at me for calling the police. He kept the dogs tied up for one day and they were loose the next day. I can't let my grandchildren go and play. They have to stay in the yard. Now the dogs are coming in our yard. You call the police now and they say, 'We don't do anything with dogs anymore.' So you've got to let them bite the kids to get them to do something.*

*Dogs are more of a problem than bears. You expect to find bears in the woods.*

*I am more afraid of guns than I am of bears. That is the reason I quit walking for almost two years. Someone said, 'You shouldn't be out there walking because someone could pull a gun on you.' Somebody could. I stopped walking.*

*Getting on a treadmill is boring. It is hard doing it by yourself.*

*We used to go to the Humanities and walk during lunch hour. A group of us used to do it. (Moderator) Why did you quit? (Participant) Everyone just started not showing up. (Moderator) Any idea why people quit coming? (Participant) Probably just got lazy. I know I did.*

*There are exercises you can do in your kitchen. Like step-ups. You can do it right in your kitchen. But it is hard. It is hard to stay on that schedule. It is easy to do nothing. It is hard to do something. It is hard for me to go to the gym but once I get there I am fine.*

*They have a gym at the high school that they will let people use Monday, Tuesday, Thursday, and Friday. The weight room. They have a stair-step machine. (Second person) Most women won't go there to work out. Probably too shy. Too embarrassed or something. Self-conscious.*

*When you do go to these places, you walk in and there is someone who is nice and trim and it embarrasses you.*

*We could go work out on those machines if we were younger, but we are not younger. I have arthritis. I can't go over there and pull on all these things. (Moderator) Would you go walk? (Participant) We have more severe winters. It makes a lot of us sedentary.*

*It would be fun if a group of people could meet and do it. (Second person) And the time goes by faster. And you are all gabbing and walking. You don't pay attention to the time.*

*Social. A group. We can sit here and talk because we know each other but when you get in with strangers. It would be a group you know and you could laugh and have a good time like we are doing. That is because we know each other.*

*You have to get a force of people who are willing to hang in there all the way through.*

*They used to have line dancing here in the lobby. That was a lot of fun. That was a lot of exercise. (Second person) That happens a lot. Something gets going and then it just quits. All of a sudden you go and it is not there anymore. (Third person) We get bored easily. (Fourth person) If we could get some form of exercise that is fun. That is how I got into karate.*

*Maybe they should create awareness of preventive measures. (Second person) Especially with young parents. You see them with a one-year-old. They buy them pop and chips and by the time they are two or three they are screaming for the pop and chips. You give them an apple or banana and they will throw it down. (Third person) If you just cut pop out but it is a hard thing to do. (First person) But parents don't know that. They are eating the same thing. (Second person) It is easier to hand them chips than cook a meal. (Fourth person) Killing the kiddies with kindness.*

*We are aware of heart disease but there are a lot of people who aren't. A lot of people out there are scared of doctors. And they are scared to answer the door if they don't know who it is. And they are shy to even have their blood pressure checked. I think that is why the statistics are so high because people are shy. They are scared. A lot of people don't know how to read so they shy away because they don't want to show that they can't read. There are a lot of us who know, but there are a lot of them who don't know. They choose not to because of their shyness or they can't read, they can't write. They can't read, so those pamphlets don't help.*

*Maybe you should sit down with your family and talk. I want us to grow old together. Educate your family more. Get them together or take the TV away for a while. We are in the middle of a lazy generation of kids. It is too convenient for them to lay around.*

*There is nothing for toddlers. Maybe teenagers on up, there are things to do like to go to the gym. (Second person) But a lot of them don't feel comfortable there either. That is mostly a boy thing. Teenage girls won't go up there. There isn't much to do but ride around or sit around and watch TV or play Nintendo.*

*Drugs and alcohol have a lot to do with heart attacks and stuff too. People smoke pot and then get the munchies. As adults we are role models for our children. They see that and they think it is OK to sit around and eat as opposed to going out and getting some form of activity.*

*It is the passing of the time here. We have been acculturated to all these bad foods that America indulges in every day. A long time ago everyone had to contribute to the family so they could eat. And now you just go to the grocery store and buy any kind of nasty stuff you want. Freer accessibility.*

*I quit buying pop for a while, almost a month and I noticed my little guy lost a little weight. [He is a little overweight]. But now that we are back into our pop. We have like a 12 pack every two days and there are only 3 of us in the house.*

*[In the past] We cooked outside over the open fire. We would cook our potatoes and bread. There wasn't any fried stuff. Everything was cooked over an open fire. That was the way I was brought up. I weighed 95 pounds when I left the Reservation. When I moved down to the cities my weight doubled because of all the fast foods and I was too lazy to cook for myself. It was easier to go out and eat and it was cheaper.*

*Our people didn't have as many diseases and weren't obese until the late 60s when running water started. Because of modern inventions that happened in America. So we don't have to go here and there to get water. This past 40 years when all this processed food came in. With me I was lucky enough to be born when that stuff was here and I didn't have to haul water.*

*We don't have anything to do. (Second person) It is boring. (First person) All week from Monday through Friday I stay home. Then my weekends are from Friday to Sunday and I can go out and go to bingo. And then I am sitting over there (at the casino) smoking cigarette after cigarette and that is my entertainment. And if I sit home I eat and drink pop and smoke cigarettes.*

*I love vegetables, green beans. That is what I lived on when they told me I was borderline—raw vegetables and fruits. The fruits are sweet and I don't see how they could help you when you are diabetic.*

*I like potatoes fried in a lot of bacon grease. That is what people eat. (Second person) Oatmeal and bacon grease. (First person) I like all the bad stuff. I like all the fat on a steak. I never trim mine. It is bad for me.*

*My mom's meals are blah. She boils it to death. My dad doesn't get fried chicken at all (he has had a heart attack). She takes the skin off the chicken and that just looks terrible! It looks so dry.*

*Eating like that is expensive and a lot of people can't afford that. They can afford pop and chips but they can't afford a bag of apples. (Second person) But if you can afford pop and chips why don't you just discard the pop and chips and buy the bag of apples. (First person) But the pop and chips go further than the apples would. That is just what some people say.*

*I would like to see what they are having for lunch today [at school]. (Second person) Chicken nuggets and fries. (First person) They always say it meets the federal standards—it is low-fat and a certain percentage of meat—but that is not good enough. Federal standards aren't interested in us. Why should we stick with bare minimums instead of trying to do the best?*

## **Additional Section of Health Information for the American Indian Community: Urban American Indian Groups' Summary**

Most participants were not aware that American Indians are at high risk for heart disease and stroke. However, they were aware that diabetes is a serious problem in the community. A few people in the groups were trying to prevent or control these diseases.

### **Food**

- In general, American Indians said their diets consist of lots of fat, flour, sugar, and salt. They said they love high fat food, salty chips and sunflower seeds, and pop. They said they like the taste of these foods and find them comforting.
- Frybread is a favorite food. There was a discussion of whether it could be made in a healthier way and still have it taste good.
- High cost and lack of convenience keeps people from eating more fruits and vegetables.
- Some people said they don't know how to shop for or prepare vegetables.
- Some people said they just wouldn't eat fruits or vegetables, but others said they would eat them "if they were there." For example, they would eat them if someone else prepared them.
- Some people were eating healthy because a family member who was health conscious bought and cooked the food. The health conscious people often had a close relative with a serious health problem. (Most of the people who were eating unhealthy diets also had close relatives with serious health problems.)
- Some people said commodities used on the Reservations contributed to heart disease while others thought they were healthy foods.
- Some people said they lived a faster life in the Twin Cities than on the Reservation so they tended to eat more fast food. Also, there are more fast food options here than on the Reservation.

### **Physical Activity**

- Some adults said they were active at work. They either had jobs that required physical effort or they worked at a place that would pay them for a half-hour of exercise.
- Parents of young children said they got their exercise by keeping up with their children.
- Some people said they are inactive and just don't have the energy to be more active.
- The vast majority of youth were not involved in organized sports through school or the community. Some said they couldn't afford it. Some said there was nothing available in the community.
- Some of the adult participants said they had been involved in sports in the past, but the people who organized these things had moved away and no one took their place. They also said the generation of people who should be organizing these things isn't interested.
- Some adults said the casinos are not a healthy environment but that many Indians enjoy spending time there.
- Some adults said there is no gym class in some of the Native schools in the Cities and if they do have activities, like bowling, students don't have to participate.
- Smoking keeps some people from being more active.

- Some parents said their kids influence them to be more active and eat differently.
- Some people said they don't let their kids play outside because it isn't safe.
- Some adults said they like to play basketball but don't feel safe playing at local parks. They said a recreation center would provide more control.

### **Smoking**

- Out of 25 adult participants, perhaps 21 were current smokers. Only one person had never smoked.
- Some people had tried the patch and then started smoking again. One person said he heard you could get cancer from the patch. Another woman said she read the box and it seemed too dangerous to try. A couple had gotten free patches from the Indian Health Board but didn't try them. One woman said her husband had on three patches at once and was still smoking.
- Some people said they don't believe they need to stop smoking and don't want to stop. They said they couldn't imagine anything that would get them to quit.
- Some people said they felt they had already damaged their body so it wouldn't help to stop.
- A couple of people said they hadn't smoked much when they were young so they felt it was OK to smoke more now.
- People said it is hard to stop because smoking is so prevalent and when they smell the smoke they want to have a cigarette. Also, they said their lives are stressful and smoking helps reduce the stress.

### **Prevention**

- Participants said most people only think of prevention when someone in their immediate family gets really sick. This did not work for everyone. Even some of the individuals in these groups who had been diagnosed with heart problems or diabetes said they weren't going to change their habits.
- They also said Native people avoid going to doctors and don't necessarily trust healthcare professionals.
- Some people associated the term "prevention" with going to the doctor, taking vitamin C, or keeping a coat on when it is cold outside.
- Some people were aware that there were free memberships to the Y for households with someone with a certain illness, like diabetes.

### **Advice to MDH**

- Increase awareness of heart disease and stroke
  - American Indians know they are higher risk for diabetes. Many do not know they are at higher risk for heart disease and stroke than other people.
  - Have healthcare professionals do more educating. Some people said their doctors have not told them to quit smoking or to be more active.
  - Work with Native musicians to carry the message: Indigenous, Lightfoot, Buffy St. Marie. Use musicians that young people can relate to.
  - Work with the Indian Health Board and Migizi to broaden the message.
  - People said they would listen to elders or Indians who had suffered from an illness or gotten healthy.

- MDH should connect with AIBDC (Minneapolis Urban Indian Directors) and/or American Indian OIC.
  - Work with casinos. Educate them about the risks. See if they will contribute to a media campaign.
  - Use Native people in advertisements, brochures, and education programs.
  - Written material is not as effective as engaging people in action.
- Increase opportunities for healthy activities:
    - Create a low cost or free recreation center in their neighborhood where American Indians would feel like they belong. They want a place where they will feel safe and comfortable. It should be a place where mothers can easily take children. The recreation center should offer things like health education, Weight Watchers, cooking classes, swimming, basketball. When asked why they didn't go to the local Y participants said it was too far, too expensive, or they didn't feel comfortable there. Someone said scholarships were available but they were too hard to get.
    - Get youth involved in activities that they think are fun.
    - Create family activities that would bring people together around healthy foods and fun activities. These get-togethers used to be more common.
    - Help find/support people in the community who will organize and follow through with activities.
    - Use incentives to get people involved. Blanket giveaways. Pay children to learn and not smoke.
    - Men said hunting, fishing and trapping are physical activities that are part of their culture but impossible to do in the Cities.

### **Quotes from the American Indian urban focus groups:**

*Let them know that Native Americans are at high risk and they can prevent a lot of this stuff that goes on. If they had someone tell them. We know because of this [session] but there are all the others who don't know. A lot will say I am already too far gone. What is it going to do for me now? I know that is a lot of their attitude. Why should I do something? I am already halfway through my life.*

*[Reaction to the healthy eating guidelines] That is for rich people. Anishinabe people can't afford that. It is a matter of economics.*

*We are addicted to salt, sugar, chips, pop, popcorn, candy. If I put chips and Skittles on a plate over here and apples and carrots on a plate over here, they [children] would gobble up the junk food and leave the fruit and vegetables.*

*There is less preparation with junk food. You have a bag of chips and there you are.*

*When I was a college student I played on the intramural team at the U of M. I played at the Indian Center. I coached and refereed. I had a little girls' team on Saturday morning that I coached. I was playing, coaching, or reffing every night of the week but Sunday. They don't have that anymore.*

*One thing that hasn't been brought up is the gaming compacts. The casinos. You are encouraged to go there and go like this [put money in slot machine]. Then there are tons of people smoking like chimneystacks. It is awful. That activity doesn't help. (Second person) That is where my generation is at—the casino instead of the ball field. Instead of keeping up with what we grew up with.*

*We make great frybread... We have more frybread makers here than other states. (Second person) My first two weeks of being laid off I think I had frybread 8 times. I said, 'Man, this is going to kill me.' (First person again) The lady who taught me how to make frybread had a heart attack. She had to have angioplasty. She had to stop. She knew it was the frybread and all the salt she puts on her food. I don't know if we consume more salt than other states but I know when my mom gets done putting salt on a hamburger it isn't brown anymore. It is white.*

*I don't know how to shop! I don't know how to use vegetables!*

*Cost is a problem. If you go to a gym you can't afford to pay for it. I have tried before. It is just outrageous... It wasn't close enough to home to make me want to go. 'Oh, I don't want to go all the way over there right now.' That was a big thing. Smoking was a big thing too. I have to mentally prepare to get my heart rate going that fast and thinking, 'Am I going to pass out?'*

*I am doing it now [being active] as much as I can because of my kid. She says, 'Come on, mom. I want to go swimming. Let's get out of the house.' I am like, 'Ok. We've got to do something.' She is driving me crazy.*

*They charge so much for a membership to the Y. A lot of Native people can't afford to go. Parents don't have the money to pay for it. If there was a fitness center for Native Americans I am sure they would go. I don't like to go to these big, fancy fitness centers. I am big and fat and here are all these skinny white people. I don't want to go because I feel out of place. If there was a fitness center that was all Natives I would go. They could have lectures there and meetings to teach you about this. Health awareness. Maybe you get a membership if you go through this awareness stuff first. A lot of us big fat women would go if there were other fat women sitting next to us.*

*I can visualize a Weight Watchers there [at a fitness center]. I joined Weight Watchers a month ago and where I go I am the only Indian. It is all white women. We stand in line to weigh in and everyone looks so skinny. I think, 'Oh, my god. I am the biggest person here. What are they doing here?' I feel out of place but I am sticking with it because I want to lose weight.*

*We have a lot of overweight kids in our Indian families. They need more exercise than they are getting. It is probably because of living here in the inner city. The city isn't safe where we live. We live right in the heart of the ghetto. So we keep our kids in the house to keep them safe.*

## **Focus group study team**

Special thanks to the community members who helped organize, host, and conduct the focus group interviews:

Bonnie Allard – Fond du Lac Reservation

Chlene Anderson – Rural White Groups

Debbie Beckman – Fond du Lac Reservation

Phyllis Braxton – African American Groups

Connie Jorgensen – Red Lake Reservation

Charly Leuze – Hispanic/Latino Groups

Cheryl Schoenborn – Red Lake Reservation

Deb Smith – Fond du Lac Reservation

Sharon Smith – Urban American Indian Groups

Barbara Omaha – Urban American Indian Groups

Nadifa Osman – Somali Group

Mai Neng Vang – Hmong Groups

# Cardiovascular Health Study

## Focus Group Questions

### Adult Groups

1. When you hear the term heart disease, what do you think or feel?
2. We are wondering if views of heart disease change as people get older.
  - a. Has your view changed? If so, how has it changed?
  - b. What caused your view to change?
  - c. Do you have family members whose views of heart disease have changed?
  - d. What changed their views?

3. Let's think about exercise and physical activity.

To keep our hearts healthy, it is recommended that we get at total of 30 minutes of moderate activity, like brisk walking, five or more days a week.

- a. What do you think of this recommendation? Is what you think of when you think about being active or exercising?

Here are some stages people go through when they make change. [Listed on flip chart and on handout.]

Stage 1. I don't do it and I don't think I need to.

Stage 2. I need to do it but I don't.

Stage 3. I set a date to start or have signed up for a class.

Stage 4. I've started to make changes and have a plan for how to deal with temptations.

Stage 5. I continue to do it.

- b. What stage would you say you are in now?
- c. For those in stages 3, 4, or 5, what got you there?
- d. For those in stages 1 or 2, what would it take to get you to stages 3, 4, or 5?

4. Let's think about eating healthy. To keep our heart healthy, the guidelines say we should eat more low-fat foods, less high sugar/low nutrient foods, and 5 fruits and vegetables a day. [Listed on a flip chart.]

- a. What do you think of this recommendation?
- b. What stage would you say you are in now?
- c. For those in stages 3, 4, or 5, what got you there?
- d. For those in stages 1 or 2, what would it take to get you to stages 3, 4, or 5?

5. Let's talk about cigarettes and chewing tobacco. To be healthy, the guidelines say we shouldn't smoke or chew tobacco.

- a. Are any of you ex-smokers or ex-chewing tobacco users? What got you to stop using these products?

b. Are any of you current smokers or chewing tobacco users? What would help you to consider moving into one of these other stages?

6. What in your culture helps you maintaining healthy behaviors, or staying in stage? What prevents you?

7. Now we're going to talk about prevention. By prevention we are talking about doing certain things to avoid getting ill. Think about your parents, aunts, uncles, brothers or sisters. Do people in your family try to prevent illnesses or do they wait until they get sick and then treat it? Why do you think that is?

8. Has there been a time in the recent past when people in your community or people around you made a change in behavior? What prompted them to make the change?

9. If you were going to get people in this community, like your family members or neighbors, to prevent heart disease, what would you say or do? What would you say to get them to be more active, eat right, and not use tobacco?

10. Who do people in your community listen to regarding health and heart disease? Who do they pay attention to?

11. What do you think is the single most important thing that could be done to reduce heart disease in your community?

