



Minnesota  
Heart Disease and  
Stroke Prevention Initiative

# Preventing Heart Disease and Stroke

Executive Summary of Focus Groups with People Living in Minnesota  
With an additional section of health information for the

## African American Community

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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. Specific findings relative to the African American community are described beginning on Page 10 of this summary.

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 African American Community**

### **Summary of the African American Adult and Youth Groups**

Of the African American focus groups, two groups were conducted with adults and two groups with youth (ages 11 to 16). Most of the adult African American participants appeared to be in their thirties. The majority of participants in the adult groups were women, while the majority of the participants in the youth groups were men.

Most of the adult participants were well aware of heart problems. In fact, many of the participants stated they had high blood pressure, high cholesterol, or a heart murmur. Many also had family members who suffered from heart disease or a stroke. Some participants knew people who had these problems, but did not know what caused them. Most of the participants were also overweight and a small number smoked. Some were trying to change a few eating habits and some were trying to get more exercise. Many seemed to equate exercising with trying to lose weight rather than trying to be healthy.

The following is a summary of what was said in the focus groups:

#### **Food**

- ... Some of the African American women said their food is their culture.
- ... Many people said they like soul food, which tends to be high in fat and salt.
- ... The participants in the group who were single said they tended to eat out a lot. They were often in a hurry and picked up fast food, which meant bigger portions and fewer healthy foods. Several of these people also said they do not like to shop for groceries or to cook, which encouraged more eating out.
- ... Several people who had healthy eating habits said they were raised to eat that way.
- ... People said the recommended way of eating was too expensive.
- ... People were taught to be economical. Some people were proud that they came from people who were resourceful enough to be able to make food out of parts of the pig no one else wanted.
- ... Some of the people said they could afford to buy more expensive foods, but felt that if they did they were trying to be like white people. This belief keeps people from buying leaner cuts of meat or fruits and vegetables, which are considered to be expensive.

#### **Physical Activity**

- ... Participants said it is culturally acceptable to be overweight. Roundness is considered healthy. If people are thin or lose weight, others think they must be sick. One person said, "You've got to be thick to get in." However, one group said African Americans use the stereotype that they are supposed to have a round figure as an excuse not to lose weight.
- ... Some women equated going to the gym with trying to lose weight. Some believe women who go to a gym have low self-esteem.

- ... A few participants went to gyms but said they saw few other African Americans working out. Some women said they felt they wouldn't be comfortable at a gym. They had images of gyms filled with thin white women trying to be thinner.
- ... Many women said African American women and girls are comfortable and confident with whatever size they are. They talked about the conflict between what American society sees as beautiful and what African Americans see as beautiful.
- ... Some women said they did not believe the height/weight charts, because the charts were based on women with smaller frames than African Americans. They are more likely to believe a Body Mass Index, (BMI), a common method to define obesity.

### **Cigarette Smoking**

Not many of the participants were current or ex-smokers. A variety of reasons were given as to why participants did not smoke:

- Education in schools kept them from smoking.
- No one in their family smoked, so they just never picked it up.
- A few women quit smoking when they got pregnant.
- Some never started because they would rather spend their money on other things.

### **Prevention**

- ... A huge barrier to staying healthy is that African Americans tend not to seek health care until there is a crisis. People do not seek early health care because of distrust and fear of the health care system or they cannot afford health care.
- ... Some participants made changes in eating and exercise after they found out they had developed health problems. The doctor told them that they had to change or they would get sicker.
- ... People are too concerned with basic needs to be worried about prevention.

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

- ... A holistic approach to health that addresses the emotional, spiritual, and physical aspects of health.
- ... Culturally appropriate education for the African American community provided through:
  - × A partnership with churches, for example the National Baptist Convention, to create a health ministry and/or educate the Black community. Convenient, attractive, and free or low cost programs that teach nutrition planning, exercise options, health screening, and Weight Watchers can be provided through the churches. These programs should provide child care, transportation, samples of healthy foods, brochures, and incentives to participate.
  - × African American messengers that people will listen to, such as ministers, African American health care professionals working through the church, and African Americans community members who have suffered from an illness or been successful getting in shape. African Americans will listen to people they respect, people who model the healthy behavior they talk about, people who talk to them at their level, and people who show they care.
  - × Magazines targeted to African Americans.
- ... A culturally appropriate version of Weight Watchers.
- ... Workout places where African Americans feel they belong, for example a place that plays Black music.
- ... A soul food cookbook that revises recipes to make them healthier but maintains the flavor and provides the emotional satisfaction people want.

- ... A culturally sensitive version of the food pyramid, for example, one that offers alternatives to dairy products since most Black children are allergic to dairy products.
- ... Support in changing the mindset that healthy foods are too expensive and that Black people must buy the cheapest foods, which are often the highest in fat.
- ... Developers of programs and educational materials need to keep in mind that:
  - × African Americans are visual learners.
  - × Statistics, tools and stories must be specifically for African Americans; otherwise African Americans are less likely to believe that they apply to them.
  - × African Americans use different terminology; they do not use the terms cardiovascular or heart disease, rather they talk about heart attacks, strokes, and high blood pressure.

### **Quotes from the African American focus groups:**

*As a community, in general, we avoid health care. We don't do the preventative things other communities tend to do. That annual check-up and things of that nature. There is still fear about the health care industry, especially in the older community. 'Are those people out to get me?' Whether it is valid or not, I know it exists because my own family members refuse to go to the doctor.*

*There are other issues that inhibit us from going to the doctor. Economic issues. We can't afford it and we don't seek other assistance to get it.*

*I have been trying to be economical. You buy the cheapest meat out there. You get hamburger that is mostly fatty. It is only \$1.89 per pound versus \$2.99 per pound for the extra-extra lean. Or throwing a piece of fat-back in, because it tastes better and we were trained to think economically...I think we were mentally trained to buy food that is not healthy for us.*

*For me it is the perception and stereotype that most Black women are overweight and that we are not what society would call beautiful. We are not in shape. When I go to the gym I see the majority of women in there and you see few African American women. That is why I joined a gym. Sisters are working out too. We are beautiful too. It seems like exercising is not important to us so I want to dispel that whole stereotype.*

*[What in our culture prevents us from maintaining healthy behaviors?] Our stereotype, our body structure, what we are supposed to look like and how to maintain the roundness of our figure. We feed off that a little bit. That is an excuse.*

*[Our cultural stereotype of our body shape] is an excuse for not losing [weight]. 'I am supposed to have a round rear and big thighs. That is how we are. That is how we are made.'*

*Most African American women I know are comfortable and confident with who they are and what size they are. The gym is full of women who listen to other men or people who say they are not beautiful because you are not a size 10 or 8 or whatever. Those are the ones who are running to the gym. We are saying, 'If you don't like me for who I am, you can go on.'*

*Most of the people I know who go to the gym who are Black, it is because they have very low self-esteem. The majority of them—wigs, makeup. They don't even really know who they are because they are hidden behind everything else.*

*When you start losing weight—personal testimony: I went to Atlanta two weeks ago and saw my sister and cousin that I hadn't seen in two or three months. They were like, 'Girl, what is wrong with you?' They called my parents and asked, 'What is wrong?' So it is accepted that you will have round hips and big thighs and the big chest. [Second person] Overweight and obese is what they connect with healthy. If you are skinny, something is wrong with you.*

*I look at the scale (height/weight charts) and I give us another size up. If you are two or three sizes up you are overweight. I am still saying the scale they are using is not comparable for African American frames.*

*I don't think words can do it. I think you have to see things. If you can't show them what heart disease looks like, what the heart looks like. It has to be something they can picture, something they can visualize.*

*Did you see the Diabetes Association brochure that had the little African American grandmother on the front and they said, 'If you have sugar, you have diabetes.' Most people would say, 'Oh, she got sugar.' We say sugar diabetes. The brochure was in our language so people could understand—black women in their little church hats, they were all talking to each other, 'She got sugar diabetes'—that is what hits home. In our own terms with pictures we can relate to. It was in Florida.*

*[African Americans] don't know what cardiovascular is; they think it is a workout!*



# **Focus group study team**

## Team Members

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?

