



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

Hispanic/Latino 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.

Population	Location	# of Youth Groups	# of Adult Groups	Total Groups
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 hispanic/latino focus groups' findings 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.

Summary of the Hispanic/Latino Adult and Youth Groups

Of the Hispanic/Latino focus groups, two groups were conducted with adults and one group with youth (ages 16 to 18). Most of the participants had moved to the U.S. from Mexico, with the exception of one person who had come from Chile and another from Columbia. Participants have lived in Minnesota from 27 years to less than a year.

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

Food

In general, participants' food preferences and habits differed based on where they were originally from. People also shared that there are differences among families; some eat many fruits and vegetables while others eat few. Their diets are high in fat—beef is included in most meals, lard or fat is added to certain dishes to enhance flavor, and a number of favorite foods are fried. A lot of sweets are also included in their diet. The adult women said sweets are often a part of socializing; people come together and have coffee and sweets. Diet differences were noted among the adult and youth groups. For example, the adults reported that they did not drink much pop, whereas the young people said they did drink pop.

Participants said it is hard to eat a heart healthy diet when:

- ... You feel and/or look healthy, so you don't feel a need to change
- ... Your spouse or children are not supportive of changes
- ... People don't understand why it is important to eat healthy
- ... Food is associated with social activities; people like to visit with one another and they enjoy coffee and sweets as part of visit.
- ... You don't know how to cook low fat foods.
- ... There are no culturally appropriate materials available to tell you how much fat or how many calories are in Hispanic/Latino foods.
- ... Good fruits are expensive.
- ... You weren't brought up to eat that way.
- ... You like the taste of fat and sugar. Low fat foods are considered to be not tasty.
- ... Doctors keep family members out of discussions; an individualistic approach to health is taken rather than a family approach to health. This is a problem because:
 - × The message that people need to change habits is more powerful if the doctor tells the family member and the family to change their eating/physical activity habits, rather than if the doctor only tells the patient and the patient must carry the message to the family.
 - × Family is very important and family support is crucial to success

Some people said they ate a healthier diet before coming to the U.S. because:

- ... They ate the same foods every day. Before coming to the U.S, there was no desire to overeat, because the food was always the same. Now, there is so much variety that people tend to eat more.
- ... There were no fast food restaurants.
- ... People ate less meat because it was too expensive to have at every meal.
- ... Portion sizes are bigger in the U.S.—“Biggie” sizes are everywhere and people don’t know what a normal portion size is.

Exercise/Physical Activity

Some people said exercise is not something that is part of their culture. Before coming to the U.S., being active was just part of everyday living; people walked a lot more and it was easy to walk all year round. In the U.S., exercise is something extra you need to fit into your day. Exercise is also associated with wanting to lose weight or look good rather than with trying to stay healthy; people who feel good do not see the need to eat right or exercise.

People said it is hard to be physically active in Minnesota because:

- ... Winter makes it hard to walk
- ... It is hard to fit physical activity into a busy schedule with work, school, family—some of the men said they enjoy playing basketball or volleyball but don’t get a chance to do it much.
- ... Exercise is boring-- Some people find walking or going to the gym by themselves boring and that it would be easier to do with a friend. Although some other people mentioned that they prefer to exercise on their own.
- ... Exercise isn’t fun

Smoking and Chewing Tobacco

There was only one current smoker in the adult groups. People said that not many adults in the Hispanic/Latino community (where the focus groups took place) smoke. However, people in the youth group said young Hispanic and Latinos are smoking.

Prevention

For some people the term prevention is associated with going to the doctor to prevent illnesses. Women said they are more concerned about prevention than the men. One fellow said prevention is not really part of their culture because they have not had the financial resources to prevent problems.

Some of the people in the groups were consciously trying to be fit. One young woman had suffered a “mini-stroke.” Another had been diagnosed with diabetes. Many had family members who were diagnosed with or had died from diabetes, heart disease, or stroke. People were aware that they should eat food lower in fat, watch sugar intake, and be active. Some people mentioned that they were making changes in their lifestyle, but seemed to be trying to make these changes on their own, without much family or community support.

One young man who was a first responder was very conscious of his health. He acted as a role model and shared his knowledge and support and encouragement with others, but found that many didn’t care.

Who would people believe?

Hispanic/Latinos said they respect:

- Teachers
- Doctors
- Hispanic/Latino community members who have experienced the disease
- Family members who have more education

Some people said that when they hear health statistics or recommendations, they wonder who the studies were conducted on and whether the findings really apply to Hispanic/Latino people. If Hispanic/Latino people were included in the studies or are the ones delivering the message, people said they are more likely to believe the information.

What can be done to improve?

Develop a comprehensive, long-term campaign. In this campaign:

- ... Conduct programs using a “Home Interiors” party approach. [Note: A “Home Interiors” party is when people assemble in one person’s home to listen to information about home furnishing.] People like to invite the people they know and get together at people’s homes in small numbers. Trying to get people to go to large group activities is difficult.
- ... Use community outreach workers who would go house to house. This seems to be very effective in the focus group community.
- ... Work with health care professionals so they approach health and illness as a family issue rather than an individual issue.
- ... Involve schools so children learn healthy behaviors. Design educational experiences so that the children bring the information home to the parents and they work on the project together. The information should be translated into Spanish.
- ... Work with insurance companies to create incentives to exercise
- ... Work with employers to:
 - × Create incentives to exercise (pay for time spent exercising, lower insurance rates, pay gym membership fees, create contests with prizes, have different units or different companies compete)
 - × Develop on-site exercise facilities
 - × Hold short (15 minute), monthly, educational sessions where videos on different health topics would be shown. Make the videos real and vivid.
- ... Feature Hispanic/Latino people in a campaign
- ... Use vivid, real images as powerful ways to let people see what happens to a person with heart disease or stroke
- ... Let people know if research or recommendations apply to Hispanic/Latinos so they can judge the credibility of the information.
- ... Help people learn to cook/eat healthier foods:
 - × Develop low fat, good tasting alternative ways to prepare traditional foods
 - × Develop a cookbook that compares the fat and calories of meals developed in the traditional way and in a low-fat way.
 - × Offer taste tests of healthy foods at people’s homes. Offer the recipes.
 - × Develop a list of tips on how to cook lower fat.

- × Develop tips on how to get vegetables and fruits into other foods that people already like
- ... Help people learn how to incorporate activity into their lives
 - × Provide tips for little things people can do, at home or at work, that when added together make a difference
 - × Get people more active in things that are fun, like basketball, volleyball, dancing, boxing

Quotes from the Hispanic/Latino focus groups:

Exercise is important to reduce heart attacks but in our culture we are not used to doing exercise. Most people don't do exercise and we eat a lot, a lot, a lot of fat.

My father died of a heart attack. That affected my whole life. He was 30 when he died... I try to eat better but it is hard in our culture because there is always someone who is making tamales and your grandma makes a special dish for you and you can't run away from that.

I think the recommendation is good if we can find a way to complement that with our daily lives. It is very hard for people to get 30 minutes in their busy lives. So if they can come up with a way to make that fit with their life style. Maybe tell people how you could incorporate it into your life style. Like go up the stairs 10 times in your house. Tips to make it easier.

I think a bigger problem is what they call TV. People become couch potatoes. They can't get out of the house to walk 5 minutes. They got a job at a desk and they need to walk. Since the remote control was invented heart disease started going up. We are too lazy. We push a button and that is it.

The recommendation is good if you incorporate it into something you like. Like I like basketball. For me basketball is a game and it is fun and you are exercising but your mind doesn't know it. Once your mind starts knowing you are exercising your body is going to start saying 'I don't want to do this.' I play basketball as often as my wife lets me. If we combine fun and exercise that would help.

The older you get... the more you realize you need to do something [exercise]. It is a good thing. I don't enjoy it. I am not a fanatic or anything like that. I found a place that is more fun than the place before. It is Curves. It is only women and it is quite easy and also you don't have the competition. We are all middle-aged women. When you are going to the other gym there are girls who are in fantastic shape and I was trying to keep up with aerobics and you feel bad because you can't do it...

Have a gym at the place of employment to make it convenient for you and to have prizes. After 30 days you get something. Make it fun.

The low-fat thing is the worst for Hispanics because we like to fry things. We like to have steak fried and pork. If we could find a substitute for oil or fat, that would be great. Because if you just boil it, the taste is not as good as fried. If the fruits are available we will eat it. We are not against them or anything. We like them but we don't promote that very much. We don't have very good balance on that.

I try to cook without any oil. But [my wife] really likes oil.

When I cook I use a little more fat. We need to know how to do things different. [My husband] told me different tricks not to use that much oil and that helps. If we could have something like, 'This is one way to do it but if you do it this way you will save and it will taste the same.' That would help.

A plate like this [huge plate of food] is probably two serving sizes but people get confused on how much to eat. It is blown out of proportion. No one knows.

When you go home [to Mexico] they say, 'Oh, you gain weight. You get fat so fast.' And it is true because the way we eat here is quite different.

...I think the education should start in people's houses. Commercials come and commercials go. Education has to get inside the houses.

We need something at work (exercise, healthy food) because we spend so much time at work.

I think one of the main targets should be the little kids, because they bring the message home. If you put it in the kids' minds not to eat the fat and eat fruit they will tell the parents... If you have 40- to 50-year-old parents who have always been eating fat, they are not going to change that easy. But the kids will make them buy healthy foods.

The kids pay a lot of attention to the parents. The son always wants to be like the father. Always. If the father is watching TV and eating and eating, the son will do the same thing. But if the parent likes basketball or volleyball or go to the gym, he wants to be like his father.

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?

