



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

Among Community

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For additional information about this report, please contact Elizabeth Gardner, Minnesota Department of Health, Cardiovascular Health Program (651) 281-9840. The Department of Health may also be reached at TDD, 651-215-8980.

If you require this document in another format such as large print, Braille or cassette tape, please call (651) 281-9840.

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 Hmong 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.

Additional Section of Health Information for the Hmong Community: Hmong Adult and Youth Groups' Summary

Of the Hmong focus groups, two groups were conducted with adults and one group with youth ages 11-18. Most of the Hmong adult participants appeared to be in their thirties. The youth and adult groups had equal representation between male and female participants.

Heart disease is one of the many diseases that the Hmong participants were not aware of before coming to the U.S. When they arrived here they saw heart disease as an American disease and did not think they would get it. Now, participants are beginning to see these American diseases among Hmong people they know and many people do not understand what causes them. The people in the groups attribute the rise in these diseases to changes in diet, changes in activity, and a different health care system. They did not seem to be particularly concerned about heart disease or stroke, but are concerned about weight gain and looking good (this might be because most of the adult participants were fairly young). Although they are concerned about what could happen to their bodies and their health, not many in these two groups were purposefully trying to eat a healthy diet or be physically active.

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

Food

- ... The Hmong diet is composed largely of meat and rice. Few vegetables or fruits are included in their diet. Also minimally included in their diet is butter or cheese.
- ... Adult participants said they eat little junk food at home.
- ... Meat is a more desirable food than vegetables. In Laos, only the rich could afford meat; the poor ate vegetables. Eating meat is a sign of wealth.
- ... Families buy large quantities of meat from an Asian butcher and freeze it, which is less expensive than buying it at the grocery store.
- ... Cutting the fat off meat would be seen as wasteful.
- ... One of the barriers to eating fruits and vegetables is that they are too expensive for many families, particularly big households.
- ... Some said healthy foods do not taste as good as high fat foods.
- ... Fast food (burgers, fries, fried chicken, pop) is popular when eating out. The men, in particular, said they often eat fast food for lunch because it is fast, cheap and fills them up.
- ... In Hmong culture, being plump is seen as healthy and beautiful. Being moderately overweight is accepted. A participant who was thin said relatives often try to fatten her up.
- ... Many Hmong families eat four meals a day, with meat at each meal. The last meal is eaten late in the evening and several people believed this contributes to weight gain.
- ... The Hmong diet is vastly different from the food pyramid, so people have a hard time accepting or using the pyramid.

Physical Activity

- ... Exercise is seen as a waste of energy; in the Hmong culture, activity should have a useful purpose. Participants said elders would criticize people who are walking around the

neighborhood and would suggest that rather than walk they should use their energy to work on worthwhile projects.

- ... Some participants know they should exercise, but cannot find time or find it too boring. Several participants said it is easier to exercise if they go with a friend.
- ... Soccer is an accepted and popular activity for men and boys, but as men become more focused on family and jobs they are less likely to participate.
- ... The participants talked a great deal about family and how they tried to include fun and active recreation, like biking or walking, into family time.
- ... A couple of people said they exercise at work by walking or using exercise equipment.

Cigarette Smoking

One or two people in each group smoked. The participants began smoking when they were young because it seemed cool.

What would help people change?

- ... Support to introduce healthy lifestyle changes in the home, slowly and in small steps. The women participants mentioned that making changes in the home, particularly around food, is difficult, because husbands, children, and in-laws resist the changes.
- ... Education for Hmong men around healthy lifestyle changes. In order to make changes in the home, women participants said the men must be educated and convinced that the changes are good.
- ... Cooking classes to help choose foods, reduce fats, and prepare healthier foods. The women participants suggested healthy cooking classes and said they would enjoy participating in them.
- ... Receiving health information from members of the Hmong community. The adult participants said they would listen to Hmong health care providers and Hmong who have suffered from heart disease or stroke.
- ... A collaboration between health organizations and Hmong organizations to provide health information. For example, the adult participants suggested that MDH form a partnership with Hmong Healthcare Professionals and the Minnesota Hmong Women's Association.
- ... Programs and educational materials that are designed for Hmong. Participants mentioned that they are visual and verbal learners and do not learn easily from printed materials. Also, participants noted that Hmong learn from one another about what works.
- ... Older people love to garden; providing garden space close to where families live would increase the consumption of vegetables and give older people exercise with a purpose.

Quotes from the Hmong focus groups:

[Heart disease] is pretty scary... I know it is dangerous. I tell my husband that I need to go out and buy an exercise machine and he is like, 'Honey, we have exercise machines everywhere that you never use.' I say, 'I need to make a commitment. I will do this and that.' It never works. We understand it but still some of us neglect our bodies.

When I was young I thought [heart disease and stroke] wouldn't happen to me. I am still young and I don't need to worry about it until I turn 50. The second reaction is that it is an American disease and it doesn't happen to Hmong people. People kept saying, 'We never heard of it.' Even though it might happen to some, there is no medical to prove that it is heart disease or stroke in Laos. So, we say, 'That is American disease. We don't have to worry about it because we don't eat cheese. We don't eat junk food as much as they do.' But now, you age and your body changes and then you begin to realize that the food you eat could endanger your life. In this country, because of the lack of exercise, a lot of people are gaining a lot of weight. That is the problem.

I feel that everyone wants to stay healthy and be in good shape, but if you have in-laws or you have a person who takes charge, it is not easy to change. If you change it they will say, 'Are you trying to be Americanized?' I hear it in my family; they say, 'You were born to be Hmong. You stay with Hmong tradition,' but they don't understand. My sister-in-law started trying to cook like American way, bakes or cooks something light, no salt, no oil. My in-law say, 'There isn't any taste. I don't want it.'

One time I went exercising and one of my husband's relatives said, 'Oh, you are so active and you exercise. Why don't you go to my garden and help me instead of exercising?' ... If you do something people will criticize. They say, 'This lady, she is thinking of herself and she is doing things for her body and she is forgetting everyone else.' (Second person) In our culture if you have the energy people expect you to use it for a purpose.

You work all day and you can't wait to get home. And when you get home it is like, 'Do I have to go back out again [to exercise]? Tomorrow.' (Second person) Always have your gym bag in your car and don't go home until you have done your exercise routine.

I am busy. I don't have time. I have my kids and husband to take care of so right now I don't think anything would get me to do [exercise]. When I go to work we have exercise at break time. A friend and I, sometimes we take 30 minutes to exercise and don't eat.

Your culture, the American culture, you view a slim person as healthy and beautiful. But our culture, we view whoever is fat is a privilege; you are so lucky.

I don't think we have done enough education to promote eating healthy. Our diet is so different from the American food pyramid that you can never go by that pyramid. Perhaps work on developing a better diet for Hmong people, that would really [work for them].

I concentrate on what I want. I don't need exercise. I am working two jobs. I believe to be successful in this country you have to have money. My goal is to work hard for five to ten years

and then relax and work one job. Three years ago, I was only 135 [pounds]. Now, I am 175. When I was young and still in school, I played a lot with friends. I haven't seen my friends in three years. I lost their phone numbers. Work. Home. Work. Home. Work. Home. See my wife, my kids. That is all I do now.

Different people are in different situations. But the majority of Asian people, we are meat eaters whether we are at home or in a restaurant. For example, when Asian people go to Old Country Buffet, we do not go to salads at all. We go straight to the main course. That is the opposite of this country where a lot of people will go to the salad bar first... I am a meat eater and it is very hard for me to get away from that. I love meat. Salad and fruit is not a priority for me at all. I don't eat a lot of junk food but when I eat a meal I eat a lot of meat.

In our community, we have this concept that if we just eat vegetables, people think you are poor. We have to have some meat to go along with it, to make you feel like we are okay.

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?

