



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

Somali 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. Specific findings relative to the Somali 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 Somali community

One focus group was conducted with people from Somalia. It is important to note that because only one group was conducted, the information collected will not reflect all of the thoughts, feelings and suggestions of the Somali community. Participants appeared to range in age from early 30s to early 50s. The group included community members who had lived here for a number of years and a few recent immigrants. Participants were well educated and well connected within the Somali community. The group included both men and women who were comfortable discussing ideas in groups.

The following is a summary of what was said:

Food

- ... Their diet is heavy in meats. They eat few fruits and vegetables. They believe fruits and vegetables are expensive. But also, they said fruits and vegetables are only common in southern Somalia (¹), so they weren't used to eating them.
- ... Some people said they like sweets. They said the traditional tea contains lots of sugar.
- ... Healthy foods are foods that are fresh, with few preservatives.
- ... They prefer whole milk.
- ... One fellow said the concept of eating low-fat foods and 5 fruits and vegetables was "restrictive" in the same way Americans segment time.
- ... Family relationships can limit a family's ability to make changes. A mother-in-law may prefer to cook high fat foods and since she is cooking, others eat what she cooks.

Physical Activity

- ... Somalis were much more active in their home country because they had to walk everywhere and carried what they needed. Being active was a part of their everyday routine. They did not "exercise." Here they rely on cars and are much less active.
- ... The men sometimes play sports on weekends.
- ... Some women and girls can't or don't want to exercise in a place where there are men. They have not found 'women only' places.
- ... Swimming is a popular activity for women and children, but they can't swim in a pool if men are around, and they want to be covered. One woman said she was told that she could not go in the Y pool fully covered.
- ... Some women felt they got enough activity cleaning the house each day.
- ... A couple of the women said they had memberships to gyms but found it hard to go consistently. One had little time, the other little motivation.

¹ = While sharing these data with a group of Somali health care professionals, one Somalian stated in their opinion, that fruits were more accessible in Northern Somalia, versus Southern Somalia as stated in this report. After reviewing the transcript for the Somali group, which says "southern Somalia", MDH decided to print the original comments from the focus group participant in order to maintain the integrity of the conversation, and make a footnote noting the difference in opinion.

Prevention

- ... Heart disease and stroke are new concepts for these Somalis. In their home country they did not go to the doctor unless they were very sick, so there was little diagnosis of illnesses. When people died they did not talk about the cause (an autopsy was typically not done), they just said, “it was their time.”
- ... They do not like to go to the doctor here either.
- ... They associate prevention with going to the doctor and with getting their children immunized.
- ... Culturally they prefer more rounded bodies. Being thin is only attractive to their children who have adopted American images.

Cigarette Smoking

- ... It was hard to get a feel for how much Somali men smoke. They said Somali women do not smoke, but Somali girls smoke because they think it is cool.

What would help people change?

- ... The women strongly believed that any effort should be targeted at the women because they are the ones who shop and cook and don't have a place to exercise.
- ... They emphasized the need for education about what foods are healthier than others.
- ... Help people understand the concept of prevention.
- ... Use community outreach workers.
- ... Word of mouth works well.
- ... Mosques and sheiks could be used to share health messages and promote healthy behaviors. It did not seem like this was currently being done.
- ... Somalis will listen to religious leaders, health professionals, and people who have experienced a particular illness.

Quotes from the Somali focus group:

Culturally we are not into it [exercise]. Back home you are obliged to go out to walk to the market and get the food. Constantly you are moving. But it is not like it is intentional. It is just part of life. (Second person) Here we don't have exercise. We can't even walk. Back home we are walking. No driving. But here, everybody driving. And shopping is just once a week. I have 7 kids and I have no time to walk. Even I have no time to walk with friends or my husband. My husband has high cholesterol and sometimes he asks me, 'Can you walk with me?' and I say, 'I have no time.'

Somali men like a fat woman.

The kids really like junk food just like any other American kid.

Many young kids are getting into the addiction of smoking and drinking because they are trying to integrate this culture. They are picking up the bad things about the culture.

The concept of exercise is relatively new to our community. There is so much paranoia about heart conditions, about exercise, about weight, about appearance and all that in this country. In our country, people (who) look big look nice. The culture is basically different. When you look at the nomadic society, which we are from, they exercise from dawn to dusk. Very labor intensive. And health care is very different. Most of the facilities we are from don't even measure it, cholesterol and all that. So having come here, it is a new concept and it will take a lot of time for it to be realized that heart disease is a priority. They have to see one or two people diagnosed with heart conditions.

My husband is health conscious. He goes out and buys skim milk for us. My mother-in-law goes after him and gets normal milk. Sometimes she prepares the food for us, which is full of oil. My husband doesn't allow us to eat fried food or he doesn't like us to eat any red meat but my mother-in-law thinks all my kids are wearing glasses because they [don't eat meat]. It is always a confrontation for me... It is difficult right now. I don't want to hurt my mother-in-law because she is cooking for me. Something that she fixes, I cannot say no. I know it is unhealthy.

The culture we are from is that food is wealth. It is a kind of supplication to God. Eating and feasting together is a socially acceptable culture. The essence to measuring food where you have to have this in this quantity and quality at this time and this time and not at this time (referring to low-fat, 5 fruits and vegetables). It is not in our culture.

We don't even talk about it [prevention]. It is not like we sit around and talk about how to prevent something. We are all healthy and someday one of us may get sick and we will say you should go to the doctor and they will say, 'I will just take some Tylenol.' Then when something really major happens and you end up at the hospital then we discuss how do you fix it. 'What medication would you advise? Do you think operation would do? What do we do now?' Not talk about what we should have done before.

There need to be ways that women can do what you have been told. Say the gym. It is not accessible for most of Somali women because there are men and women mixed together. There are some areas that are only for women but most are mixed. That is an obstacle.

Many women would like to go swimming, would like to do exercise but because for example, YWCA is supposed to be only women and I never one single time see only women. I want to do swimming but because there are men in the swimming pool I couldn't do it. There is no exclusive women place.

The cultural thing varies between men and women and younger generations and older generations. If you look at my father's generation, usually they don't say they are going to go somewhere and exercise. But the younger generation, exercise is part of the fun they have. I have a couple of friends who persuade me to go and play soccer. Others go to the gym and do exercise. I think for the men side of the younger generation do have some activities they do...On Saturday and Sunday it is the main event...for the group I know.

A conduit for passing that message could be through religious services also. Through the mosques and through the religious person will come quite an audience. The health issue is related to the religious perspective. You can get a health person to work with someone with a religious perspective, the perspective of health in relation to the religious Koran or whatever. The impact is to be more than a health person talking about health.

The role men and women play is different. Many mothers get exercise because they are running after their children, taking them to the bus, coming back, cooking, standing up, they are cleaning the house. They have exercise all day long. The concept of what has more fiber, what has more protein, which one has more fats, they are not aware of. They need to be reached out in that sense. Someone from the community needs to go out and educate them.

...We eat meat in the morning, lunch, at night. Three times a day. The concept of healthy food is totally different. The more you eat meat and whole milk and food with oil you look healthy because you are fat.

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?

