



Minnesota Heart Disease &
Stroke Prevention Unit

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2005 Cardiovascular Health Practitioners Institute: State Exchange

Topic:

Formative Research Process for Developing Culturally Appropriate Cardiovascular Health Strategies:
Focus Groups and Key Community Leaders' Interviews with Communities of Color and American Indians

Presented by:

The Minnesota Department of Health and
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I. Background:

The Heart Disease and Stroke Prevention Unit launched a comprehensive formative research process in July 2001 in order to develop culturally appropriate intervention strategies and recommendations for the Minnesota Heart Disease and Stroke Prevention Plan 2010. It was crucial to embark on this information gathering process in order to *understand how different populations view and experience cardiovascular health and cardiovascular diseases*. We needed to understand cultural variation in language, diet, lifestyle, spiritual beliefs, immigration, discrimination, racism, poverty and lack of education, and how these factors impact the health status of different populations and their use of the Minnesota health care system. As a result of this process, the Plan (www.health.state.mn.us/cvh) contains Goal 5- *Eliminate health disparities in heart disease and stroke* - along with corresponding objectives and strategies. The formative research process allowed us to build partnerships, gather information and develop strategies. The Heart Disease and Stroke Prevention Unit will soon begin promoting these strategies for implementation across the state in different settings and environments. The focus group and key community meetings' results are available at <http://www.health.state.mn.us/divs/hpcd/chp/cvh/reports.htm>.

II. Information Gathering Process: Key Community Leader Meetings

Community leaders often hear first-hand, the stories about their community members' health status, health care barriers and community assets. Consequently, they were in a unique position to help inform us about the impact of cardiovascular disease. Thirty-six key community meetings (also known as key informant interviews or face-to-face individual interviews) were conducted with leaders from communities of color and the American Indian population. The community leaders were employed at community-based organizations, local county health care clinics and State-sponsored Councils and other organizations. Permission was

received from the Minnesota Department of Health's Institutional Review Board to conduct the community meetings and focus groups. Two Department of Health representatives participated in each meeting: one person to facilitate or lead the meeting, the other to take notes. A qualitative software program, Atlas.Ti, was used to aggregate the data from all the interviews.

Focus Groups

Focus group questions inquired about individuals' lifestyles and barriers to a healthy lifestyle. Thirty-five focus groups were conducted with youth and adults. Groups were conducted with members of the American Indian community, the African American/African community, the Hmong community, the Latino community, and people representing the Caucasian population. Focus groups were held in the Minneapolis/St. Paul area and in Greater Minnesota. A contractor was hired to assist with question development. The contractors facilitated all of the groups.

Lessons Learned about developing and implementing formative research

- *Allow sufficient time to secure permission from the Tribal communities to host focus groups on the tribal reservations. Tribal communities have their own processes for approving state sponsored focus groups. Allow ample time to follow their decision-making processes, as it will help ensure a more respectful partnership.*
- *If state department staff do not facilitate the focus groups, allow adequate time and resources for staff to oversee the focus group consultant(s). Even if staff are not facilitating the groups, it still requires time for staff to approve and finalize the questions, pursue suggested contact names for groups, monitor the contractors' performance after each set of groups, review the draft and final reports, and manage the administrative duties relating to the contractors' contract. Our Unit underestimated the amount of time required by a staff person to assist the contractors.*
- *Provide cardiovascular health education materials at the focus groups for participants. We did not anticipate that focus group participants would be interested in receiving health education materials after they completed their focus groups. We learned that after the groups, there's the possibility of a "teachable moment".*
- *As well known by many practitioners, write, revise, test, revise and re-write the focus group and key community leaders' questions prior to their use. **(The final questions are attached for your review or use.)***

Questions are attached.

For more information, please contact:
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Adult Focus Group Questions

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

Youth Focus Group Questions

- What do you like to do in your free time?
- What do you usually eat at school for lunch and snacks?
- What would help you eat healthier foods, like fruits and vegetables, dairy products, or grains: [capture answers on flip chart]
 - at school.
 - at home (for meals and snacks).
 - when you go out to eat.
- What would help you be more physically active: [write their answers on flip chart]
 - at school.

What do you usually do after school or on weekends?

- What would get you to be more active after school and on weekends?
- during the summer.

- What would help kids:
 - not start smoking or chewing tobacco.
 - stop smoking or chewing tobacco.

6. Think of a time when you changed in some way. You tried some new food, or you quit doing something, or you bought something. What got you to make that change?

7. Do you think it is important to be healthy? Do you think that what you do now will make any difference in how healthy you will be 30 years from now or do you think that by then they will just be able to fix whatever is wrong?

8. You get messages about eating, physical activity, and smoking from a lot of different places—your parents, your brothers and sisters, school, church, coaches, magazines, TV, music, your friends. What do you pay attention to?

9. If you were in charge of getting kids like you to eat healthy foods, be physically active, and not smoke or chew tobacco, what would you do?

Key Community Leaders' Questions and Interview Protocol:

Thank you for taking time to talk with us. The Minnesota Department of Health received a planning grant from the Centers for Disease Control to prevent heart disease. Approximately 25 other states also received grants. Eventually, we hope to improve cardiovascular health for people living in Minnesota. So far, we have met with the tribal health directors and the Indian Affairs Council to talk about this project, and we've sent letters to the Minnesota tribal chairmen and women about the project. We've visited five reservations. Locally, we've spoken to representatives from the _____. We met with staff from _____. We are scheduled to meet with _____ and _____. We have put calls into _____ and _____. As of the end of June, we're fully staffed for the project. At this point, we're not able to give out grant money. But, in future, if we were to receive additional funding, grant dollars may be available.

Today, we'd like to get your opinion and impression about heart disease, lifestyles and the health habits of people in your community. For our discussion, we will use the words "community" and "health care provider" frequently. When we say community, we mean the people of the same racial/ethnic background as you. When we say health care providers, we mean nurses, public health staff, doctors, counselors and others.

Finally, we will summarize the comments made by the people with whom we conduct meetings, in a final report. If you agree to have your comments included, your name will remain anonymous in this report. However, we would like to mention your position title and organization, collectively, with the other people with whom we speak. While we are compiling the report, if we find that we would like to utilize your name, we will call you and request that from you. You still have the option to say "no" at that point in order to keep your comments confidential. If at any point you no longer want to participate please let me know and we will conclude our meeting. There are no right or wrong answers to these questions. If you do not want to answer any particular question, just say so.

Now, do you have any questions before we begin?

1.) Based on what you see and hear are community members thinking about heart disease?

If answer is NO: Probe 1b.) If not, why?

If answer is YES: Probe 1c.) If they are thinking about it, how important is it?

- 2.) If a community member had a health care problem or were feeling ill, who is someone they would trust to get information from?
- 3.) In the health industry, there are a lot of different terms for heart disease and stroke, such as heart attack, hypertension, high blood pressure, high cholesterol and cardiovascular disease; what is it called in your community? *Note: Interviewer briefly describe risk factors.*
- 4.) When a community member finds out from a health care provider that they are at **risk** for heart disease, how would they react?
- 5.) What kind of changes, if any, would they make or try to make to their lifestyle?
- 6.) When a community member finds out that they are at risk for heart disease, what health services or resources are they most likely to use?
- 7.) When a community member finds out, from a health care provider, that have heart disease or have had a stroke, what would they think caused it?
- 8.) We would like to assist you in making your community healthy. What changes would you like to see happen?
- 9.) What organizations or individuals influence the decisions youth make with regards to health habits?
- 10.) What organizations or individuals influence the decision adults make with regard to health habits?
- 11.) I'd like to ask your opinion on community-wide health care issues. What do health care providers do that is helpful to prevent heart disease? (By health care providers, we mean those working on the reservation, at Indian Health Services or in the local town or city.) *Circle the health care provider's affiliation the interviewee describes.*
- 12.) What do health care providers do that is not helpful in preventing heart disease?
- 13.) What advice would you give the health professionals to better serve your community?
- 14.) What are the barriers that prevent community members from getting care from a health care provider?
- 15.) Do you know of any successful programs that are currently trying to address heart disease or stroke in your community?
If NO, go to #16
If YES: 15b.) Why is it successful in your opinion?
- 16.) Do you know of any programs that have not been successful at addressing heart disease or stroke in your community?
If NO, go to Question #17
If YES: 16b.) What do you think were the reasons that program [isn't or didn't] work in your community?
- 17.) Can you name any person or organization, who is an advocate for your community, that you recommend we talk to about heart disease and stroke? (This person can be employed at an organization that serves one particular ethnicity, or someone who knows the issues of their friends and neighbors.)

18.) I'd like to start wrapping up our discussion, but I'm wondering if you have any final thoughts or advice you would like to share about working with your community on the issues of heart disease and stroke?

Thank you for your time, our next step in the planning process includes recruiting planning committee members. I hope you consider participating. May we contact you again if we need additional information?