CARDIOVASCULAR DISEASE KEY INFORMANT INTERVIEWS

Introduction

Cardiovascular disease is the leading cause of death among adults in the United States. Risk factors for cardiovascular disease include poor diet, lack of exercise, low socioeconomic status, lack of access to health care and healthy foods, tobacco use, hypertension, and hyperlipidemia. According to the University of California Los Angeles (UCLA) Asian American Studies Center, there were 16 million people residing in the United States that are of Asian descent as of July 2009 (Yoo, D., 2011). Asian Americans (AA) and Native Hawaiian and Pacific Islanders (NHPI) are the second fastest growing population in the United States, therefore it is important to understand not only the numbers of AAPIs that are affected by cardiovascular disease, but the extent of knowledge about cardiovascular disease and its risk factors in AAPI communities. The UCLA Asian American Studies Center reported that 17.2% of single-race Asians and 17.3% of Native Hawaiians and Pacific Islanders living in the United States did not have health insurance coverage in 2009 and over 3.6 million spoke Chinese, Tagalog, Vietnamese, or Korean at home. This illustrates the importance of having culturally appropriate and language specific information about cardiovascular disease available in these AAPI communities.

According to the 2010 Census data, 6.7 million people were residing in Washington State. Of those 6.5 million, 7.2% were Asian and 0.6% were Native Hawaiian or Pacific Islander. Of the 1.9 million people in King County, 14.6% reported Asian and 0.8% reported Native Hawaiian or Pacific Islander as their race. Census data from Pierce County showed that Asians and Native Hawaiians or Pacific Islanders made up 6% and 1.3% of the 795,225 people in the County respectively (US Census Bureau, 2010).

Methods

In Washington state, members of the AAPI community have been meeting together since 1997 to address tobacco use and prevention in their own individual communities. These community members formed the AAPI Tobacco Coalition and represented communities in King and Pierce counties. Since then, many of the AAPI Tobacco Coalition members have participated in the Asian Pacific Partners for Empowerment and Leadership (APPEAL) Program, which has provided them with support and skills to continue and expand their work in the community. Since the AAPI Tobacco Coalition's members have established rapport in their respective communities around tobacco control, they were chosen to conduct key informant interviews in their communities regarding knowledge of cardiovascular disease, its risk factors, community support in promoting heart health, and readiness for change. These 21 key informants were also chosen because they are seen as leaders in their communities and/or they are involved in community outreach or health promotion.

The communities represented in the interviews were Cambodian, Chinese, Filipino, Korean, Lao, Samoan, and Vietnamese. Each interviewer conducted three key informant interviews, following a script

of 15 questions that focused on the interviewee's perceptions of their community's basic understanding of CVD, prevalence of CVD in their community, risk factors, community support, access to health care and health information, community readiness for change, and other priorities in the community. These interviews were audio-recorded and transcribed by each interviewer. The transcribed interviews were summarized using a standardized format designed to identify major themes and categories from each interview, especially in the areas of general CVD knowledge, community readiness and support, community access, media and policy influence, and recommendations for moving forward. Interviewee responses varied greatly, especially since some key informants are employed in the health care industry.

Demographics

A total of 21 people were interviewed, the mean age range of the interviewees was 47 to 55 years. There was one interviewee in the age range of 20-29, 6 in the range of 30-39, 2 in the range of 40-49, 4 in the range of 50-59, 4 in the range of 60-69, 3 in the range of 70 and above, and 1 that did not report their age. The number of years each interviewee has lived in the United States ranged greatly. One interviewee was born in the US, 3 have been living in the US for 1-5 years, 4 have been living in the US 11-20 years, and 13 have lived in the US for 21 or more years. The mean range of years the interviewees have lived in the US was 16 to 25 years. No additional demographic information was collected for the purpose of this report.

Key Informant Interview Assessments

CHINESE

According to the Chinese community key informant interviewees, general knowledge of CVD includes contributing factors such as family history, diet, lifestyle, smoking, high blood pressure, and cholesterol. It is known to be a "silent killer" and a top cause of death. Family history, stress, and diet, especially fatty and salty food, are believed to be contributors to CVD in the community and are often cited as the cause of death among community members.

Knowledge of risk factors for CVD varied among interviewees. Many community members do not feel they are at risk since they are not overweight and CVD is not believed to be a problem in the community. Being low-income or eating Chinese food in restaurants were believed to be factors contributing to poor diet, whereas cooking Chinese food at home is preferred for those that are looking to be healthy. Access to healthy food is available, especially with the produce stands on Beacon Hill and in the International District, however many Chinese people, especially older Chinese, rely on food banks for their groceries. Knowledge of high blood pressure is limited in the community. Community members may not know why they are on blood pressure medication or why high blood pressure is bad for you.

Health-related community activities are held by International Community Health Services (ICHS) and the Chinese Information and Service Center (CISC). One interviewee recalled a nutrition workshop held by one of these organizations, but there was no knowledge on any health-related events specific to high cholesterol, high blood pressure, or stroke. ICHS is known to do work in the community for smoking

cessation, making it the place to turn to for Chinese community members that wish to quit smoking. When it comes to receiving health care information, older generations may be more apt to listen to doctors whereas younger generations may question them, do internet-based research, and not follow directions especially if the doctors come off as bossy.

Community organizations that serve Chinese people, along with Chinese faith-based organizations should be utilized to promote health education among the Chinese community. Chinese newspapers can also be utilized to promote health-related events. The highest priority health topics should be high cholesterol, smoking cessation, and healthy eating. Classes and seminars that are more fun and interactive, like scheduled exercise classes or healthy cooking demonstrations might be more well-received and well-attended by community members. Many Chinese children attend Chinese school, so offering health-related classes for the parents during this time is an idea, as well as providing them with language-specific healthy messaging.

Potential policies to implement could be encouraging stretching or walking breaks during work rather than cigarette breaks. Recommendations for designing and implementing exercise programs in the Chinese community included building socialization time into the class because socializing is important in the community and most exercise gatherings are used primarily to socialize with other community members. Aside from high blood pressure, the biggest issues facing members of the Chinese community are job security and keeping their medical insurance.

CAMBODIAN

Each of the Khmer key informant interviewees had good general CVD knowledge. They postulated that members of the greater Khmer community lacked this general knowledge altogether or needed further education on the connection between family history, diet and exercise habits, smoking, and cardiovascular disease. It is widely believed that strokes and high blood pressure only affect the older community members and that people with thin body-types are not at risk for health conditions like cardiovascular disease. The stress that the Khmer people had undergone during the genocide in Cambodia is believed to be the main contributor to stress and high blood pressure.

There have not been any community education programs to address obesity, high blood pressure, exercise, diet, stroke, or smoking cessation. If and when these education programs are made available in the Khmer community, the information needs to be disseminated to many community members and not limited to 30 or so people that sign up for a class. Health information also needs to be culturally appropriate, for example, the Western food pyramid does not have much meaning to those in the Khmer community because it does not include any cultural dishes or foods. The biggest barrier to CVD knowledge in the Khmer community are education and language. Many people do not understand health concepts and cannot make the connection between their lifestyle and their health. For example, the Khmer come from a culture where the people are very connected to their food. They were mainly farmers. Here, they do not farm, so a large part of their daily exercise routine is missing.

Community access to healthy food and places to exercise is limited. Many people in the community have food stamps and visit emergency food shelters. It is difficult to find culturally appropriate foods at food banks. Barriers to exercise in the community include the high cost of gym memberships. Medical care is not accessible to all due to unemployment, being uninsured, not knowing where to receive free or reduced-cost/sliding scale medical services, and language barriers. There is no access to culturally appropriate and specific tobacco programs due to lack of translated materials and programs. Main media outlets include the local newspaper, not much else. Key informants did not know of any policies in place that deal with heart disease, obesity, healthy eating, or smoking. One way to address these issues is through collaboration between community organizations and also tying these things together, how smoking, inactivity, bad diet, obesity, and heart disease are all related. Issues in the community with higher priority include immigration issues and disorganization of Khmer community leaders. When programs are implemented in the community, diabetes education should also be included. A lot of frustration was expressed by one interviewee, as he felt that the Khmer are minorities within a minority group. Health information that targets AAPIs is not appropriate for the Khmer and he felt that they are always left out and the last to know.

FILIPINO

Key informants knew about CVD through personal experience. The risk factors for Filipino Americans include poor diet, stress, lack of exercise, smoking, and family history. Filipinos are eating less vegetables and fish and more fatty pork, salty foods which cause high blood pressure, and fast food. With increasing problems with CVD in the Filipino American community, CVD knowledge seems to depend on one's socioeconomic status. Many Filipinos do not understand the relationship between family history of high blood pressure and high cholesterol and risk for cardiovascular disease. Many see it as "God's will" and do not discuss the issues. Many Filipinos also only associate CVD risk with obesity, believing that thin people are not at risk.

Unless community members are involved with programs through International Community Health Services (ICHS) or Wapi Community Services (Washington Asian Pacific Islander Community Services), there are no programs on CVD education for Filipino Americans. There is a need for more health education for community members of all ages, not just older adults. There also needs to be more prevention in the community. Providing education through Filipino Student Associations at local colleges and universities and at the Filipino Community Center may be a way to begin. Other resources to utilize include the International Drop-In Center on Beacon Hill, key community members with newspapers and radio shows, and the President of the Filipino Community Center.

Positive activities that the Filipino American community engages in include Filipino Youth Activities drill team, dancing, breakdancing, basketball, folk dancing, prayer, and meditation. The Filipino American Educators of Washington should be utilized to provide health information to children in schools. One of the community's greatest strengths is that the Filipino community is close-knit and well connected. Barriers to health and things that make CVD more difficult to deal with include reliance on computers, less participation in sports, not going outside to play, less walking, and less community dances that used to be popular. Other barriers include a lack of CVD materials that are culturally

sensitive and translated into Filipino dialects and cultural diet and social norms that encourage overeating.

Community access to CVD information and medical care have been negatively impacted by budget cuts, specifically community clinics that have become unable to provide the same level of uncompensated or sliding scale services and the discontinuation of education and outreach programs, increased copays, and less access for those on Medicare and medical coupons. Other things that negatively affect community access to medical care include lack of knowledge about sliding scale services provided to low-income people. Many Filipinos are uninsured, especially young adults; and many are not compliant with medication regimens or cannot afford prescription refills, so they cut doses in half or only take medication when free samples are available.

Community access to healthy food is available, however many traditional Filipino foods are fatty and salty. Members of the community also have places to exercise outside of large corporate gyms. These people exercise at community centers, in their neighborhoods, and participate in mall walking groups. None of the key informants were able to identify any culturally appropriate smoking cessation programs available in the community.

Media influence comes from mainstream news channels, the Filipino channel, Filipino American newspapers, and Sluggo Rigor's radio program. Some policy influences that have been helpful to community members are the posting of nutritional information in restaurants, no smoking policies, and graphic images associated with smoking-related diseases. Other issues in the Filipino American community that may have higher priority than CVD include high dropout rates from school, stress, job security, health care, domestic violence, and substance abuse.

Recommendations include tapping into Filipino American community leaders that are medical professionals and using them to help build a healthier community, more education for all age groups, and more opportunities for intergenerational activities.

KOREAN

The Korean key informants had high general knowledge of cardiovascular disease. They were able to identify numerous risk factors including alcohol, tobacco use, high blood pressure, nutrition, exercise, and family history. All three key informants stated that high blood pressure is a problem in the Korean community and Koreans are at risk for CVD, especially since Korean men have high smoking rates. Although there is some outreach and education going on in the Korean community, there needs to be more, especially with the retiring of a health department nurse that used to teach about health issues including high blood pressure at community meal sites and Dr. Han who was heavily involved in smoking cessation in the Korean community. This is a priority, as one key informant stated that, "I've never seen a Korean billboard about health".

Community members learn about cardiovascular disease from health fairs, their doctors, and Korean community organizations such as My Service Mind (MSM) and the Korean Women's Association (KWA). However, since many Korean elders do not speak English or speak very limited amounts of English, they may not understand the information they are receiving. There is a general lack of information and knowledge about being at risk for health problems such as high blood pressure and heart disease if you are not overweight, and the community needs more information about exercise, diet, cholesterol, high blood pressure, and stroke. This information needs to be in Korean. As one key informant stated, "Now no one is teaching [community members] about smoking anymore since Dr. Han left – certainly no one that speaks Korean". Many Korean seniors engage in walking for exercise and many Korean churches have gymnasiums which can be used for community exercise programs and education.

Community access to health care is limited for some Koreans due to being uninsured and low income. Oftentimes, finances are dedicated to other things such as a child's school tuition, rather than one's personal health care. Korean Women's Association can help community members connect with Medicare, social services, and affordable health care through outreach workers. They also have held health fairs and quarterly health seminars. In the past, Cornerstone Medical Group has offered services to uninsured community members once per month. Adhering to medication regimens is a problem in the community because, "…they forget to take their medicine and feel better anyway, they think – 'why go to the doctor?'".

The Korean radio, TV, and newspapers are the most effective way of spreading information, especially for older adults in the community. These media outlets are often sources of health information such as smoking, exercise, diet, and high blood pressure. The Korean key informants suggested that the media put more emphasis on stroke, high cholesterol, high blood pressure, proper diet, and taking care of health needs now instead of putting it off until later, when it may be too late. As far as policies go, one key informant thought it would be helpful for the state to make a law against smoking in cars when children are present. Another informant felt that there should be more community exercise offered in parks, since that is well attended in Korea.

The key informants recommended that moving forward, key organizations in the community such as the Korean Women's Association, the Korean churches, Korean Senior Association, Korean American Association, the Bar Association, Korean Nurses Association need to be involved in creating positive changes in the community. Finding new educators for the meal sites should also be a priority. Cardiovascular disease education also needs to be targeted at middle aged Koreans, who often think that this is just a concern for elders. All health information distributed in the community should be translated into Korean. As one key informant said, "Parents need to be example for children. I smoked. Now my son still smokes even though I quit. I hope that he will quit one day". However, another key informant stated that, "Koreans think of their children and parents first before themselves but we have to put ourselves first to be able to take care of them later". Therefore, messaging should also reflect these cultural values.

LAO

All Lao key informants had a good understanding of CVD. All have worked in the medical field for 10 or more years, which has contributed to the informants' extensive CVD knowledge. Cardiovascular disease is most common in the older generations of the Lao community due to a lack of resources and information, fatty food, lack of exercise, and trying to assimilate to American culture. High levels of stress from the pressures of assimilation, a poor diet, a lack of exercise, and misconceptions about body structure, weight, and health are believed to be contributing factors to heart attacks and strokes in the Laotian community.

Currently, CVD information is passed along through the community by word of mouth. There is little education and information on high blood pressure that comes from medical professionals or people in the health care field. If discussed with their doctors, many people may not fully understand the health information given to them due to a lack of education. There is not much community knowledge about stroke. Stroke is considered very bad luck and is feared, but no education or information exists to help the Lao community prevent it or understand the facts.

Being overweight, a lack of exercise, unhealthy diet, high cholesterol, and smoking are all major problems in the Laotian community. People believe that only overweight people are at risk for health problems like high blood pressure and high cholesterol. Assimilation to American culture has contributed to poor nutrition and decreased exercise in the community. People walk less and drive more; they eat less traditional Laotian food and instead choose more meat or more processed foods because they are cheaper than fresh food. There is a lack of knowledge about the connection between smoking and heart disease. There is also a lack of resources for smoking cessation in the community.

Many Laotians do not understand that family history also influences one's risk for cardiovascular disease. Older generations do not have the resources or education to fully understand this concept. Many community members do not make regular visits to the doctor for physical exams. It is more common to see the doctor only when you are very sick or when you can afford it. Younger generations may have more health knowledge due to accessibility of materials in English; however, it does not seem that many community members have taken any steps to change their habits to prevent heart disease if it runs in their family. The community needs extra support to access and learn this information.

There are not many Laotian community events or large gatherings of people in the community, including events that address health issues relevant to the community members. The lack of information in Laotian and resources for those that are illiterate creates a barrier to health education in the community. People do gather at temples, churches, and food banks; however there are no formal group meetings that occur in the Laotian community. Community leaders and primary care providers that work at clinics serving Laotians should be utilized to help educate the community. The community would be receptive to information and education on CVD because Laotians are happy, peaceful, and polite people. If the information is presented, the people will be happy to learn. Barriers include a lack of language-appropriate information that is accessible to those that cannot read or write well. Information is also better received from community members, family, and friends rather than non-Laotian doctors.

Access to medical care and medication has been negatively impacted by budget cuts. Many Laotians are on fixed incomes or have very low incomes and cannot afford co-pays at doctor's offices or prescription medications. While there is access to medical care, cost serves as a barrier. Access to healthy food is limited, as many Laotians receive their food from food banks. If they are purchasing healthy food, they may not be preparing it in a healthy way. The community members do not have a formal place to exercise and many cannot afford a gym membership. There is no access to culturally or language appropriate materials related to health or tobacco cessation.

Major media sources in the community include Lao and Thai TV, however, public service-type announcements and programming is rarely broadcast. No key informants were aware of policies that have positively influenced the health of the community. It is believed that budget cuts have greatly affected mainstream health outreach programs so there is definitely no money to spend on specific communities or ethnic groups. Currently, job security is a higher priority in the Laotian community.

SAMOAN

Key informants disclosed that personal experience with CVD has contributed to their knowledge of the issue. A lack of exercise and poor diet can cause high cholesterol and fat to block blood flow to the heart. The impression of the key informants is that many in the community may be suffering from CVD but they might not understand that diet impacts your risk.

For Samoans in the community with health insurance, information about CVD is more readily available from doctors. Therefore, these people may have a better understanding of the connection between high blood pressure, diet, exercise, high cholesterol, and family history and CVD. This is also better understood by the younger generation of Samoans due to higher proficiency in English. Of all the risk factors for CVD, family history is most widely known as a contributor whereas diet and nutrition is least known. No community programs provide activities or talk about health issues aside from the Samoan Nurses Organization of Washington. Access to health information and CVD information is restricted to those with health insurance. Community access has also been negatively affected by budget cuts, as many people lost their insurance. Some churches provide health education to youth and active community groups such as the Samoan Nurses Organization of Washington and the Samoan National Nurses Association can provide resources and information to the community.

Most community members receive health information by word of mouth, TV, the internet, and doctors. Many Samoans in the older generations that cannot read English get their information from their children. The smoking ban in public spaces and healthy foods in school lunches have been influential policies in the community. Things that would be helpful for the community would be more information on nutrition and exercise, as well as more health education. Better promotion of walking programs in the community through the Samoan Nurses Organization of Washington should also be considered, as this may get more people interested in exercise. Another high-priority issue in the community is diabetes.

VIETNAMESE

The Vietnamese community has limited general knowledge about CVD, but it is a very basic understanding. They do not associate being thin with being at risk for high cholesterol or hypertension, or poor nutrition habits with heart disease. They do know that smoking is bad for their health but do not think of the different cancers that can be caused by smoking or that smoking raises your risk for CVD. Cardiovascular disease is a growing issue for men between the ages of 30 and 50 in the Vietnamese community. Many of these men are taking antihypertensive drugs and smoking and drinking are common ways to relieve stress in the community.

Community support includes biweekly Vietnamese Elder Association activities that include community education, dancing, exercise, stick tai chi, and a food bank. Here, families have learned about different health issues ranging from diabetes to various forms of cancer. Other key organizations that would need to be involved in community education and outreach include Refugee Women's Alliance (REWA), Help Link, Chinese Information Service Center, ACRS, the various Vietnamese faith communities, and Seattle Housing/Yesler Housing. There has been more education done on VN television, radio, and write-ups in the newspapers about heart disease, so people have a higher awareness of these issues. However, people's motivation to live healthier is somewhat poor. For example, some of the Vietnamese men jokingly said in a smoking cessation class that they would rather leave their spouse than part with their cigarettes. For those that are more educated, old habits and busy schedules including caring for grandchildren make it difficult to make lifestyle changes. Many families are still struggling to make ends meet so it is difficult to get people vested in prevention and self-care. However, Vietnamese people are very intelligent and quick learners. People have learned through various media that unhealthy nutrition can lead to poor health outcomes. They also recognized that people who are "skinny" or have family history of heart disease can still be impacted by cardiovascular issues such as high blood pressure. Moreover, increasingly more Vietnamese people have "overweight problems" because of abundance of and access to foods in the United States.

Not many resources exist for Vietnamese families aside from the Vietnamese Senior Association, which provides people with a place to socialize and a safe haven to get information and the temples. Much of the emphasis is to get people to be more active. Since DSHS' budget crisis, more people are going without health insurance or they have high co-pays so they stop taking their blood pressure medication when their blood pressure improves, which is dangerous. People are not aware of tobacco cessation resources in Vietnamese. The community needs more trained, older bilingual people to offer health promotion forums. These programs need to be self-sustaining and longitudinal.

Local media outlets have been effective in broadcasting and promoting outreach activities. These media outlets include the local Vietnamese newspapers Nguoi Viet Ngay Nay and Phuong Dong; SBTN Television, Saigon Radio, and Viet TV. Vietnamese newspapers and television are popular media outlets in the community and should be used to educate the community about cardiovascular disease and other health issues.

Recommendations for the community include promoting the Asian Quitline for smoking cessation since they have Vietnamese speaking staff, increasing community education about healthy habits, promoting heart health, and increasing accessibility to exercise activities and programs. Nutrition classes with visual aids would also be helpful, as would ongoing programs to educate the community about the risk factors for CVD including lack of exercise, smoking, and poor nutrition.

OVERALL PRIORITIES AND RECOMMENDATIONS ACROSS ALL COMMUNITIES

Access to culturally appropriate health information and materials, including information on CVD is a high priority. Key informants in all seven communities expressed a lack of language-specific and culturally appropriate health materials. Increased messaging around nutrition, healthy eating, and healthy ways to prepare food is also a priority, as many people do not understand the connection between diet and cardiovascular health. Another priority common in all seven of the represented communities is ensuring that health information is available and accessible to those without health insurance. Cardiovascular disease messaging should also dispel myths about strokes and having a thin body type.

A study done by Coronado, et al (2008), found that age was an important factor in CVD prevention for Vietnamese women. Older Vietnamese women were more likely to eat more fruits and vegetables, engage in physical activity, and have had a recent blood pressure and cholesterol check. This study discussed the need for targeted educational campaigns and better access to health care to reduce CVD risk in the Vietnamese community (Coronado, et al, 2008). Although language-specific material is something of great need across AANHPI communities, it is clear that these individual communities have other needs in common. This is reinforced in a study by Bryant, et al (2010), that recommends tue use of environmental change as well as targeting at-risk populations to improve and increase access to healthy food, physical activity, and health care. (Bryant, et al, 2010).

With regards to the tobacco assessment conducted by APICAT, it is evident that culturally appropriate tobacco cessation programs are still needed in the community. Key informants across all seven communities represented in this assessment noted that culturally appropriate cessation support was lacking in the community and many people did not recognize the negative effects that smoking has on cardiovascular health.

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