

FOCUS GROUP RESEARCH REPORT

Latino Community Cardiovascular Disease Prevention and Outreach Initiative

**National Institutes of Health
National Heart, Lung, and Blood Institute**

Prepared for:

**R.O.W. Sciences, Inc.
Suite 400
1700 Research Boulevard
Rockville, MD 20850**

Contract No. N01-HO-39208

Prepared by:

**Carmen Moreno, M.P.H., R.D.
Focus Group Consultant**

CONTENTS

EXECUTIVE SUMMARY	iii
INTRODUCTION	1
METHODOLOGY	1
Focus Group Instrument Development	1
Site Selection	1
Participant Recruitment	2
Focus Groups	2
Pilot Focus Group	2
DEMOGRAPHICS	3
Employment	6
Income	6
Education	7
Marital Status and Number of Children	7
FOCUS GROUP DISCUSSION RESULTS	7
Heart Disease Knowledge	7
Cholesterol	10
High Blood Pressure	13
Alcohol	15
Weight	16
Diet	17
Physical Activity and Exercise	19
Smoking	20
Motivation and Health Information	21
Publication-Related Questions	23
CONCLUSION	24
RECOMMENDATIONS	25
APPENDICES	
A	Focus Group Discussion Guide
B	Screener Form
C	Recruitment Criteria
D	Participant Information Form
E	Participant Information Form Findings

EXECUTIVE SUMMARY

The goals of the Latino Community Cardiovascular Disease (CVD) Prevention and Outreach Initiative, funded by the National Heart, Lung, and Blood Institute (NHLBI), are to improve awareness, knowledge, and attitudes about cardiovascular risk factors; promote behaviors that lead to reduced risk of CVD; and create a culturally appropriate model to promote cardiovascular health among the Latino population. The initiative uses a comprehensive, community-oriented approach to better identify and understand consumer needs and develop products to satisfy those needs. Strategies for attaining these goals include the establishment of a community outreach program, development of key messages using mass media and print materials, and the dissemination of CVD prevention materials.

Seven focus groups were conducted among the Latino population in the Washington, D.C., metropolitan area regarding their knowledge and attitudes about heart disease and its risk factors; media usage and preferences; and publication and material needs and preferences. The information gathered in these focus groups will be used as a basis for developing key messages as well as a determinant of the information that must be addressed in the educational efforts and the types of materials that are most likely to be beneficial in this campaign.

KEY FINDINGS

Heart Disease

Heart disease was associated with a poor diet, lack of exercise, worries, and being overweight. Most of the participants associated heart disease with eating a poor diet (i.e., eating too much fat, not eating a balanced diet, or eating too much) and not exercising. They also related heart disease with worries and stress caused by their job, family problems, or their life in the United States.

Prevention

Prevention was associated with avoidance behaviors (e.g., do not eat fat, do not drink sodas). The word “*prevenir*” (prevent) was correlated with “*evitar*” (avoid), leading the participants to associate prevention with avoidance behaviors. The participants were easily able to list behaviors they “should not” do, but very few related prevention with behaviors they “should” do to be healthier.

Heart disease prevention is best achieved by exercising and seeing a doctor. Most of the participants agreed that heart disease can be prevented. They believed that the best way to prevent heart disease was by exercising. The participants also stated that seeing a doctor *before* getting heart disease was necessary for preventing heart disease.

Procrastination and culture-related issues were barriers to heart disease prevention. Many of the participants believed that Latinos know what they need to do to prevent heart disease, but that procrastination about taking care of their health prevents them from practicing healthy behaviors. They also believed that culturally associated behaviors keep people from being healthier. The participants specifically cited tardiness in arriving for their medical appointments and practicing certain behaviors (e.g., preparing foods in a high-fat manner) to retain their Latino culture (regardless of whether the behavior is unhealthy) as barriers to heart disease prevention.

Cholesterol

Cholesterol was associated with being a disease. It also was thought to be a type of fat and to be diet related. There were many misconceptions and misinformation related to cholesterol. Many of the people believed that cholesterol is a very dangerous disease that results in death. It was also thought to be a type of fat that blocks the veins and prevents blood from flowing to the heart. Others believed that excess fat in the blood is cholesterol. Eggs were frequently associated with cholesterol, along with high-fat foods. Misconceptions about "good and bad cholesterol" were expressed. Good and bad cholesterol were associated with dietary cholesterol rather than components of blood cholesterol. The participants expressed the desire to learn more about the different types of cholesterol.

Recommended blood cholesterol levels were not known, but participants were highly interested in knowing these numbers. The participants were unable to identify a normal or high blood cholesterol level. They either said that they did not know these levels or declined to answer the question entirely. They appeared to be guessing when they did answer. Most of the participants, however, expressed a strong interest in knowing these numbers.

Seeing a doctor, changing their diet, exercising more often, and receiving more cholesterol- and health-related information were believed to be the keys to having a desirable blood cholesterol level. The participants said that having more accurate information from credible sources would be especially beneficial because of the confusing health information they hear from others in the community.

High Blood Pressure

The participants were less likely to be informed about high blood pressure. Many participants declined to answer high blood pressure-related questions. Others admitted that they did not know anything about high blood pressure. Home remedies were often related as a means to control high blood pressure. These remedies included the use of garlic and drinking small amounts of alcohol.

High blood pressure was associated with worries and stress and described from a symptomatic viewpoint. High blood pressure was believed to be caused by nerves, worries, problems, and not being calm. High blood pressure was also likely to be described in terms of signs and symptoms such as getting red in the face, a fast-beating heart, or a cold sweat.

Blood pressure numbers were not known, but participants were highly interested in knowing these numbers. The participants were unable to give correct numbers for either normal or high blood pressure levels. The question often had to be repeated, and many times people stayed quiet or declined to answer. They appeared to be guessing when they did answer. Some people were aware, however, that blood pressure consists of two numbers.

Staying calm, relaxed, and worry- and problem-free were seen as the most effective ways to maintain normal blood pressure. Other relevant factors included not exercising or working too hard and drinking a small amount of alcohol every day to maintain a normal blood pressure.

Weight

Weight gain was believed to be caused by eating late at night and by eating American foods. Weight gain was primarily attributed to eating late at night and going straight to bed. Participants believed that weight gain occurs because the body does not have an opportunity to digest this food. Some people also believed that preservatives, chemicals, and

vitamins added to American foods result in weight gain. They also felt that American food is higher in fat.

Diet

Eating habits have changed dramatically since participants moved to this country.

The participants said they are likely to eat only one, or possibly two, meals a day in this country as opposed to three meals per day in their native countries. Working numerous jobs kept many participants from eating more than one meal. They also said that they are less likely to have set meal times because their meals are often eaten “on the run” or whenever they have time. The foods they eat in this country were also believed to be less “natural” (higher in chemicals, preservatives, and vitamins) than in their countries. They reported eating fast foods more often than in their countries.

Smoking

Smoking was associated with cancer, heart disease, high blood pressure, and secondhand smoke. The participants immediately associated smoking with cancer. A fewer number associated it with heart disease. Interestingly, participants in each of the focus groups mentioned the adverse effects of secondhand smoke without having to be asked about it.

Physical Activity

Exercise was believed to be beneficial for weight loss; however, it was not usually associated with overall health maintenance. Many of the participants believed that the only benefit associated with exercise is weight loss. They expressed wonder about seeing Americans who exercise even though they are thin. Some of the women said that a very effective motivation for exercise was the thought of becoming shapely and slender.

There was confusion over whether a physically demanding job is “exercise.” Many of the participants work in physically demanding jobs such as construction, labor, and cleaning. Some people felt that their jobs require so much effort that they “exercise” as part of their job. Others mentioned that they have been told by health providers that a physically demanding job is not exercise because “exercise” requires that they set aside time to do a specific type of movement such as walking, running, or aerobics.

Health Care Provider

The participants said that they are likely to take a passive approach when interacting with their health care provider. Many Latinos will not ask questions of their health care provider. They also will assume that they are in good health if the health provider does not tell them otherwise.

Project Name

“En tus Manos, un Corazón Sano” was the project name liked by the majority of participants. This was followed by “*Salud, Vida y Corazón*,” “*Vive al Ritmo de un Corazón Sano*,” and “*Ponle Corazón a tu Vida*.”

Educational Materials

Sources for obtaining health information included:

- Clinics
- Newspapers

- Schools
- Television
- Radio
- Friends

The participants were more likely to like materials that:

- Were colorful
- Had a catchy title
- Used graphics or pictures that conveyed a health message
- Had a family-related theme
- Were bilingual

Photonovelas were thought to be effective educational tools.

RECOMMENDATIONS

1. **Reinforce correct information that is already known and introduce new information.** The majority of participants already knew that a person needs to eat well and exercise regularly to have a healthy heart. This knowledge about the role that diet and exercise play in heart disease prevention should be reinforced. Additional information about cholesterol, blood pressure, weight, and smoking should be addressed along with more specific information about diet and exercise.
2. **Develop specific, concrete messages.** The key messages that are developed as part of this campaign must be very specific, concrete, and concise. People are more likely to remember a message when it is presented in this manner. Messages that are technically accurate, but too lengthy, are often overlooked or disregarded because the amount of information overwhelms people. These concise messages should then be repeated within and throughout the campaign.
3. **Use medical and health terminology that is consistent.** Latinos of varied educational backgrounds and countries may use different medical- and health-related terms. They may also be unfamiliar with common medical terms. It is important, therefore, that this campaign consistently use mutually agreed upon medical- and health-related terms. This will ensure that the participants learn a health-related vocabulary that is technically correct.
4. **Develop materials and programs that reflect their lifestyle.** Although many Latinos may be aware that they need to eat less fat and that they should exercise, their fast-paced lives (e.g., working two or three jobs to make ends meet) and the daily pressures and stresses that they face often keep them from doing either of these behaviors. It is imperative that any materials or programs developed address heart disease prevention within the context of the target audience's lifestyle. For example, because many Latinos will continue to eat fast food meals, they need to be informed which fast foods are better choices.
5. **Involve community members in the development and evaluation of the campaign.** When members of the target population are involved in a campaign, they can provide invaluable insight on how to further improve it. Their involvement is critical because they know firsthand the situations that the target population encounters on a daily basis.

They also can help assess whether developed materials and programs are understood and applicable within the context of their daily lives.

6. **Focus on positive behavior changes to prevent heart disease.** Because many people associate heart disease prevention with avoiding certain behaviors or foods, they should be made aware that there are also many positive behaviors they can do to prevent heart disease. Providing examples of positive behaviors will help alleviate some of the frustration generally expressed when people are trying to change behaviors. This may also help decrease the number of people who stop making changes altogether because they get tired of avoiding the things that are “bad” for them.
7. **Demonstrate recommended health behaviors where appropriate.** The participants believed that changing health behaviors requires knowledge plus “hands-on” experience. Demonstrating how a specific behavior is done is more effective than relying solely on telling them what to do. A *promotora* program is an excellent type of program that can demonstrate specific behaviors.
8. **Use television, radio, and newspapers to convey health information.** Television and radio were seen as effective methods to reach a population that leads a fast-paced life. Televised health programming that is interesting and entertaining was believed to be the best way to reach a large number of Latinos. Dr. Elmer Huerta’s radio health program, which was mentioned in each of the focus groups, was seen as a health program that provides a beneficial service for the Latino population. Spanish-language newspapers were read widely on a regular basis and were also believed to be a good avenue for disseminating health information.
9. **Employ a modified “focus group” format as an educational technique.** During the course of the focus group discussions, many participants stated that they preferred the small group discussion format as a way to become better educated about their health. This format allows them to share their own opinions and experiences. They were more likely to pay attention because this type of format requires their involvement. Using a group discussion for specific aspects of the program (e.g., *promotora* program) creates a bond among the participants. It also provides a support system for people who are making difficult changes in their life for the benefit of their health.
10. **Emphasize that heart disease prevention is within their control.** Many of the participants believed that their health was beyond their control. They need to be reassured that it is never too late to make changes in their lifestyle and that there is always something that they *can* do to be healthier.
11. **Develop lower literacy level reading materials.** The materials developed for this campaign should be simple, concise, easy to understand, and easy to read. This will ensure that a larger number of Latinos will benefit from this campaign.

INTRODUCTION

The National Heart, Lung, and Blood Institute (NHLBI) has funded a 2-year project in the Washington, D.C., metropolitan area titled the Latino Community Cardiovascular Disease (CVD) Prevention and Outreach Initiative. The project's goals are to improve awareness, knowledge, and attitudes about cardiovascular risk factors; promote behaviors that lead to reduced risk of CVD; and create a culturally appropriate model to promote cardiovascular health in the Latino community. The Community Alliance Working for Heart Health, a group composed of Latino health professionals, business and community leaders, community-based organizations, community educators, churches, clinics, and media professionals, was established to plan, develop, and implement this project. It uses a comprehensive, community-oriented approach to better identify and understand consumer needs and develop products to satisfy those needs. Strategies for attaining these goals include the establishment of a community outreach program, development of key messages using mass media and print materials, and the dissemination of CVD prevention materials.

For these goals to be achieved, it was determined that focus groups would be conducted within this population to obtain information about Latinos in the Washington, D.C., metropolitan area regarding their knowledge and attitudes about heart disease and its risk factors, media usage and preferences, and publication and material needs and preferences. The information gathered in these focus groups is to be used as a basis for the development of key messages. It also will serve as a determinant of the information that must be addressed in the educational efforts and the types of materials that are most likely to be beneficial in this campaign.

METHODOLOGY

Focus Group Instrument Development

Spanish-language and English-language focus group discussion guides (Appendix A) were developed by the focus group health consultant from recommendations of members of the Community Alliance Working for Heart Health. The guides were then reviewed by selected NHLBI staff members.

A 29-item participant information form consisting of demographic and heart disease-related knowledge, attitude, and behavior questions was developed (see Appendix D). An acculturation scale of eight questions was included (questions 11-18). The participant information form was administered before commencing the focus group discussion. The heart disease-related questions required the participants to provide written responses. Assistance in completing the participant information form was provided to those participants requiring help.

Both the participant information form and the discussion guide were initially written in English and then translated into Spanish. The Spanish-language guide was then reviewed by several native Spanish speakers for clarity and comprehension.

Site Selection

Three agencies and one apartment complex in the Washington, D.C., metropolitan area, recommended by Community Alliance members, were selected as the focus group sites because of their service to the Latino population. The focus group sites were Clínica del Pueblo in Washington, D.C.; Comité Hispano de Virginia in Falls Church, Virginia; Arna Valley Apartments in Arlington, Virginia; and Casa de Maryland (Employment and Training Center) in Silver Spring, Maryland.

Participant Recruitment

Participants were recruited by Ms. Yvonne Rivera, a Latino health research professional familiar with the Latino population and agencies serving the Latino population in the Washington, D.C., metropolitan area. The selected sites were contacted and asked to provide a list of clients or patients who could serve as potential focus group participants. A screener form (see Appendix B) was developed to obtain a desired demographic profile representative of the Washington metropolitan area Latino population based on specific recruitment criteria (see Appendix C). Two hundred people were initially screened to identify potential participants who met age, language, and educational level requirements. These individuals were then screened a second time, and 64 were identified (by country of origin) to obtain the desired Latino subgroup mix.

Potential participants were offered child care during the conduct of the focus group to increase the likelihood of their participation.

Focus Groups

Seven focus groups were conducted at the four sites between February 18 and March 11, 1995.

Date	Location	Participants	Number
2/18/95	Clínica del Pueblo - Pilot	Men and women	9
2/21/95	Clínica del Pueblo	Housewives	9
2/25/95	Comité Hispano	Working women	9*
2/25/95	Arna Valley	Housewives	9
3/4/95	Clínica del Pueblo	Men	9
3/11/95	Casa de Maryland	Men	9
3/11/95	Casa de Maryland	Working women	9

*An alternate person arrived, and she completed the participant information form but did not participate in the focus group discussion. Her data form answers are included in the demographic information.

With the exception of the pilot group, the groups were deliberately arranged to be gender specific. Experience working with immigrant Hispanic women indicates that they are less reticent to share their opinions and experiences when men are excluded. They also are more likely to share information about women-specific issues or family problems (e.g., a female participant shared how her common-law husband's mistreatment of her resulted in high blood pressure).

All focus groups were conducted in Spanish and lasted approximately 2 1/2 hours. Each focus group discussion was tape recorded and later transcribed.

Pilot Focus Group

The purpose of the pilot focus group was to ascertain whether responses to the data form and the focus group discussion guide provided the necessary information. It determined the appropriateness of the questions and identified areas that needed to be modified, deleted, or

added. The pilot focus group also provided an approximation of how much time each focus group would entail.

Modifications were made to the focus group discussion guide based on the outcome of this pilot focus group. These modifications included the deletion and rewriting of several questions because of redundancy. Appendix A contains the Spanish and English versions of the focus group guide.

DEMOGRAPHICS

Sixty-four people participated in the focus groups. Of this number, 66 percent were female and 44 percent were male. The focus group participants ranged in age from 18 to 54 years. Table 1 delineates these ranges.

Table 1: Participants' Age

Age Range	Percentage
18 to 19 years	6
20 to 29 years	25
30 to 39 years	39
40 to 49 years	23
50 to 54 years	6

Table 2 identifies the participants' country of origin.

Table 2: Participants' Country of Origin

Country of Origin	Percentage
El Salvador	42
Honduras	11
Bolivia, Peru, and Colombia	20
Guatemala	8
Dominican Republic	8
Mexico	6
Nicaragua	5

The majority of the focus group participants were recent immigrants. Table 3 shows the number of years the participants had spent in the United States.

Table 3: Years in the United States

Years	Percentage
Less than 5 years	44
6 to 10 years	33
11 to 15 years	14
16 to 20 years	5
Did not answer	4

When asked where they spent their childhood, 86 percent reported that they had spent it *entirely* in Latin America (i.e., Central America, Mexico, Dominican Republic, and South America), and 14 percent reported spending *most* of their childhood in Latin America.

Table 4 reflects the language or languages spoken by the participants.

Table 4: Language(s) Spoken

Language(s)	Percentage
Spanish only	61
Mostly Spanish, some English	38
Both Spanish and English	1

Table 5 indicates the language or languages the participants preferred to speak.

Table 5: Language Preferences

Language(s)	Percentage
Spanish only	51
Mostly Spanish, some English	33
Both Spanish and English	16

Responses to the question "Which language(s) do you read?" included Spanish only (59 percent), Spanish better than English (31 percent), Spanish and English equally well (6 percent), and English better than Spanish (2 percent). Only one person said she could not read.

Tables 6 and 7 list television viewing and radio listening language preferences, respectively.

Table 6: Television Language Preference

Language Preference	Percentage
Only in Spanish	30
Mostly in Spanish	26
Spanish and English equally	41
Mostly in English	1
Only in English	1

Table 7: Radio Language Preference

Language Preference	Percentage
Only in Spanish	44
Mostly in Spanish	20
Spanish and English equally	25
Mostly in English	3
Only in English	8

Table 8 lists the ethnic group with whom the participants were most likely to be friends.

Table 8: Ethnic Friend Preference

Friends	Percentage
All Latino/Hispanic	50
Mainly Latino/Hispanic	20
Equally Latino/Hispanic and other Americans	28
Mainly other Americans	2
All from other American groups	0

Responses to the question "How do you feel about your Latino/Hispanic background?" are listed in Table 9.

Table 9: Hispanic Pride

Pride	Percentage
Very proud	75
Proud	20
Little pride	0
No pride	5

Employment

Thirty-one percent of the participants did not work outside the home. Of those participants who did work (69 percent), 43 percent were employed in a cleaning job, 9 percent were employed as a mason's helper, and 4 percent each were employed either in a restaurant or as teacher's aides. The remaining employed participants (39 percent) worked in a variety of jobs that included parking attendant, construction worker, food preparer, gardening helper, store stocker, welder, bookkeeper, and driver.

Income

Family income ranged from less than \$100 per week to over \$576 per week. Table 10 lists weekly family income earned by the participants.

Table 10: Weekly Family Income

Weekly Income	Percentage
Less than \$100	25
\$101 to \$200	34
\$201 to \$300	28
\$301 to \$450	6
\$451 to \$575	2
More than \$576	2
Did not know	3

Most of the participants (69 percent) were not enrolled in a public assistance program. Of the people who were enrolled in a public assistance program (31 percent), most were in the Women, Infants, and Children (WIC) Nutrition Program (55 percent), 25 percent received food stamps, and 10 percent received Aid to Families with Dependent Children (AFDC) or Supplemental Security Income or Medicaid. One percent received Social Security or housing money. Several participants received assistance from more than one public assistance program.

Education

The number of years of schooling completed ranged from 1 to 14 (see Table 11).

Table 11: School Years Completed

Education	Percentage
6 years or less	45
7 to 11 years	27
12 years	26
14 years	2

Marital Status and Number of Children

Forty-seven percent of the participants were married, 20 percent were single, 17 percent were separated, 9 percent were living with someone, and 3 percent were divorced or widowed.

The number of children that the participants had ranged from none to eight children (see Table 12).

Table 12: Number of Children

Children	Percentage
None	19
One to two	39
Three to four	30
Five to six	9
Seven to eight	3

FOCUS GROUP DISCUSSION RESULTS

Heart Disease Knowledge

The participants were generally quite responsive when answering "What do you know about heart disease?" Very few people hesitated or chose not to answer. Several of the men, however, began their response by saying, "I don't know very much but . . ." and then gave their opinion. It was often a very detailed opinion.

The most common responses were related to diet, specifically "eating too much fat," exercise, worries, heredity, lack of medical care, and lack of information. The following are representative responses:

"I think it has to do with drinking too much soda, eating too much fat, getting angry, and having too many worries."

"I also think it has a lot to do with heredity. It is possible that if there are people in our family with a high risk of cardiac problems, it is more likely that we will have problems."

"One of the principal causes of heart disease is that many of us Hispanics in the United States have very little information about all of this. . . . One of the things we need is more information. Better sources of information."

"We should also think about consulting a medical doctor. Many times we do not consult a doctor and we have a cardiac deficiency or heart problems. . . . Being well informed may prevent heart disease problems."

". . .there is a relationship with emotions. Sentiments. You may be at peace and then suddenly your loved one dies. You may have a heart attack at any moment."

"Another reason is the worries we have in this country. At the end of the month there are worries about paying the rent. Those are things that bother us most. Not knowing if they are going to kick you out of your home. Not having enough money to pay the rent. These worries go directly to the heart." ("Son las preocupaciones que tenemos en este país. Las preocupaciones por pagar la renta cada fin de mes - Éstas son las cosas que nos molestan más. Tal vez, no saber si nos van a sacar de la casa. No tener suficiente dinero para pagar la renta. Estas preocupaciones van directamente al corazón.")

Several of the women also mentioned family problems in relation to heart disease. *"It has to do with having problems at home. When you have problems, your heart feels the pressure . . . when our children get older . . . if they drink alcohol or smoke. Over time you begin to feel a lot of pressure — as a mother."*

Words describing heart disease

There were very few responses to the question, "What are different words you have heard that describe heart disease?" Of the few responses given, the most common word given for heart disease was *"soplo"* (heart murmur). Others included *"alta presión"* (high blood pressure), *"paro cardíaco"* (heart attack), *"ataque cardíaco"* (heart attack), *"infarto"* (infarct), and *"cardíaco"* (cardiac).

People who get heart disease

Fat or obese people were the most common responses when asked, "Who do you think is more likely to get heart disease?" They answered: *"Obese people. Because they have large quantities of fat and it surrounds the heart." "Obese people. They can't run or jump around and that affects the heart." ("Personas obesas. No pueden correr ni saltar y eso afecta al corazón.")* A few people countered that fat people are not the only ones who get heart disease. They believed that thin people can also get heart disease. *"I don't think that it is only fat people who get heart disease. I know a lady who is slender and she had a heart attack."*

Other reasons given included diet-related responses. *"A person who doesn't eat a balanced diet. A person needs to eat vegetables, salads, fish, chicken, etc."* People who worry and are emotional, stressed, or angry were also perceived to be more likely to have heart problems. *"Too much thinking. If one has a family member who is sick and one thinks and thinks about it . . . all of this affects the heart. Heart disease can be caused by our problems."* Several people also believed that "older people" and "people who do not exercise" are at risk of getting heart disease.

Knowledge of the term "risk factor"

Although people in five of the focus groups responded that they had heard the term "risk factor," most were unable to describe what it meant to them, and others appeared to construct a meaning based on the word "risk." *"For me a risk factor is something that we should avoid."*

"Taking a risk is to eat something that is bad for you but you eat it anyway. If they tell me not to drink that soda and I drink it anyway, then I am taking a risk." Others were very candid in saying that they had never heard the word and could not possibly explain its meaning. One lady in particular responded by saying, "No. The words that we use are different from the ones that you use. . . . We do not talk like that. When you use a word like that, we do not understand it." Several people seemed to have a partial understanding of risk factors. "Well, I understand that these factors are what cause us to have heart problems." "I think it is not taking care of how we eat. If one does not eat in a right way, then that is a risk factor. I listen to Dr. Huerta on the radio. He said that in order to avoid these risks, these factors, that we need to avoid foods that contain a lot of fat."*

Knowledge of the term "prevention"

When participants were asked "What does prevention mean to you?" many responded with "avoid" or not doing a particular behavior. Specific comments included: *"It is avoiding the foods that are harmful to the heart such as fat, soda, and salt. Soda, because it has a lot of sugar . . . coffee too. They are bad for the heart's health." ("Es evitar las comidas que pueden hacer daño al corazón tales como las grasas, la sal, las sodas porque contienen mucha azúcar, . . . también el café. Son dañinos para la salud del corazón.") "It is also avoiding personal problems." ("También es evitar los problemas personales.") "If I am likely to get a disease, then the doctor may tell me that I can prevent it by not eating this or drinking that. That is how I am preventing a disease." A few of the participants quoted the following "dicho/refrán" in association with prevention. "Es mejor prevenir que lamentar." ("It is better to prevent than to lament.") Very few people mentioned positive behaviors that a person can do to prevent heart disease with the exception of exercise. "Exercise. I believe it is one of the most basic principles to ensure that the heart works properly."*

Heart disease prevention

The majority of the participants responded "yes" when asked, "Do you think that heart disease can be prevented?" Many stated that "exercising" is the best way to prevent heart disease. *"Exercise is good for the heart. It strengthens the heart. Exercise makes it stronger and it works harder."*

Another method mentioned as a way to prevent heart disease was seeing a doctor. *"Heart disease can be prevented if you see a doctor in time." "Go to the doctor in time. You can't wait for it to get worse because 'después ni llorar es bueno' (once you get it even crying is not good)."*

Controlling emotions and worries was also seen as an effective way to prevent heart disease. When asked how worries and emotions can be controlled, their responses included: *"You need to be aware of your situation. If something is going to happen to you, it will happen to you. Accept it." "If a married person has heart disease, that person needs to tell the other one, 'Look, I have heart disease and if you raise your voice at me, it can kill me.' That is a way to prevent heart disease."*

*Dr. Elmer Huerta, M.D., M.P.H., is a preventive oncology specialist at the Washington Hospital Center, Washington Cancer Institute. Dr. Huerta produces and broadcasts a health education program three times daily, 5 days a week on Radio Borinquen, a local Spanish-language radio station.

There was a belief, however, that even though many Latinos may be aware of ways to prevent heart disease, they do not take preventive measures because they tend to be present minded. *"We do not think that it is bad for us at that moment. We just think about how good it tastes. We do not think of the things we can do to take better care of ourselves."*

Another reason given was that many Latinos may have a need to hang onto what little Latino culture they have retained in this country regardless of its consequences. *"We go to the Latino market to buy meat for frying . . . because there is always the temptation for those things that are Latino. Yet we do not realize that we are hurting ourselves because we are intent on preserving our customs. Our little soups with its fat, because it is tastier." ("Uno va al mercado Latino a comprar su carnita para freír . . . porque uno siempre tiene tentación por esas cosas Latinas. Pero uno no se da cuenta que nos estamos haciendo daño porque estamos empeñados en mantener nuestras costumbres. Nuestras sopitas con sus grasas que las hacen saber tan deliciosas.")*

Cholesterol

Cholesterol knowledge

Many participants responded immediately when asked, "What have you heard about cholesterol?" The overriding consensus was that cholesterol is very harmful and dangerous to health. *"It is a disease that is very bad. People get very sick with it."*

The respondents were also likely to think of cholesterol as a type of fat. *"Cholesterol is the fat in our body. An excess of fat in our body is what is called cholesterol." "I could say it is fat. A fat that passes through the veins. This fat hardens because it is something bad. It then obstructs the blood and the blood doesn't get to the heart."*

Others associated cholesterol with a disease. *"It is a fatal disease. If it is not prevented on time, it can take you to the cemetery." ("Es una enfermedad mortal. Si no se previene a tiempo, pues se lo lleva al cementerio.")*

Dietary-related reasons were also mentioned frequently. *"I have heard that the tastiest foods, the foods that we like the best, those are the foods that contain the greatest amount of cholesterol. These foods are usually fried." Eggs, specifically, were mentioned in association with cholesterol. "The only thing that I have heard is that — well, they say that eggs have a lot of cholesterol. That you should avoid eating a lot of them."*

Interestingly, a few people mentioned "good and bad cholesterol" and expressed the desire to learn more about it. However, they associated it with a form of dietary cholesterol rather than as a component of blood cholesterol. *". . . bad cholesterol blocks the veins. The good one cleans the veins. I think we need more information about this good cholesterol and where it is found so that we can eat plenty of it."*

Blood and dietary cholesterol

Cholesterol was believed to be found in both the blood and in food. Specific foods mentioned included eggs, red meats, pork, milk, cheese, and avocado. Several participants also mentioned oils as being a source of cholesterol. *"I think that the cholesterol that is the most harmful is oil. That is what causes more cholesterol. Food oil is the oil that causes about 90 percent of the cholesterol."*

Several participants in different groups mentioned food labeling in association with this question. They expressed that they did not trust food labeling to provide them with accurate information about the cholesterol content of packaged foods. *"Many of these foods will have on their packages, 'No Cholesterol.' They have this on the package so that people will buy it. But*

these items do contain cholesterol." "When you go to the store, if you don't want to suffer from cholesterol, look for products that have 'Low Cholesterol' — maybe it is a lie. Maybe it has more cholesterol than other types that don't have this on their label." One man raised an interesting point, however, when he said, "I don't think that eggs cause cholesterol because egg cartons don't have a sign that says 'Low Cholesterol.' They don't even say, 'Don't eat eggs because they have cholesterol.'"

People who get high blood cholesterol

Diet-related responses were the most common answers to the question, "Who is more likely to have high blood cholesterol?" *"People who eat a lot of red meat, eggs, and fried foods instead of boiled foods."*

People who are fat or overweight were also seen as likely to have high blood cholesterol. Several people countered by saying that they didn't believe it was only fat people who have high blood cholesterol because they know of slender people with cholesterol problems.

Others believed it is those people who do not "take care of themselves" or are unconcerned about their health who are likely to have high blood cholesterol. *"We always say that we have to die of something. We then continue doing things. We continue eating fat. We do not exercise. For many people, life is always a drinking party (siempre es la vida de parranda). The drinking. The eating. The fried and the tasty. When you tell them that these things are bad, they tell you that they have to die of something."*

Blood cholesterol check

All participants expressed that people need to see a doctor, have their blood examined, or have their blood cholesterol tested when asked, "What can you do to find out your cholesterol level?" Several participants went on to say that it is not always necessary to see a doctor to check cholesterol levels because cholesterol can be tested at home using a special machine. *"I have seen on television that there are machines that we can use to take our own cholesterol."*

Some people said that it is necessary that cholesterol be checked because there are no symptoms associated with high blood cholesterol. *"Go for an exam because you don't really have any symptoms such as when you have a headache. If you have cholesterol, you can't tell."*

Desirable blood cholesterol level

When asked, "What is a healthy or desirable blood cholesterol level?" a few seconds usually passed before anyone attempted to answer the question or they asked that the question be repeated. When a response was given, it was usually to say they did not know or that they had heard of a number but couldn't remember what it was. The few participants who gave an answer appeared to be guessing. *"Normal is supposedly more than a certain level. The most is 280, 250. But we should not have more than that amount." "Ninety-six and above." "There is a number. It should be between 86 or 96. (Debe ser entre 86 y 96.) If it passes that amount it is like the sugar and everything else." Only one person said, "I have heard that it shouldn't go above 200." But he expressed that he wasn't really sure if this number was correct.*

Several people said that they have had their blood tested for cholesterol but they don't know these levels because they don't pay attention or request more information from their health provider. *"The doctor may have given me a number but I don't remember what it is. He just said normal. I didn't pay too much attention to the number."*

High blood cholesterol level

The same situation occurred when participants were asked if they knew what a high blood cholesterol level was. They either didn't know or they appeared to be guessing. *"I think that it is over 104." ("Yo pienso que es 104, de ahí para allá.") "One hundred and something." "Eighty percent."*

Reasons given why Latinos are not aware of these numbers included: (1) because they have never been tested; (2) they forget the numbers; or (3) they don't pay attention when a cholesterol number is given to them.

Many participants expressed a strong desire to learn the numbers for both desirable and high blood cholesterol levels. Specifically, the participants in one men's group stayed and asked for the blood cholesterol level numbers after the focus group discussion ended.

High blood cholesterol concern

Not surprisingly, everyone strongly agreed that a person should be highly concerned if he or she has high blood cholesterol. The reasons why a person should be concerned included the following: *"Yes, because — well, try to imagine a blood that is solely fat. Yes. It is something to worry about." "Yes, because they run the risk of having a heart attack at any time."* Others felt that a person should worry about having high blood cholesterol because it results in death. *"When a person has that problem all they can do is wait and die." "Well, I think that we can die from it. The heart is something that is very delicate. A person can die from cholesterol." "You are running the risk of getting sick at anytime and dying. It is something to be concerned about."* The men in one group, however, believed that being overly concerned could be harmful because there is nothing that can be done once a person has high blood cholesterol. *"You shouldn't worry too much because it can also harm you. If you already have heart disease, there is no need to worry. No one can take it away from you."*

Having a desirable blood cholesterol level

Most people responded that the keys to "having a desirable blood cholesterol level" were to see a doctor, eat a balanced diet, avoid fat, and exercise. More health information was believed by many to be particularly beneficial for better health. *"One of the most important factors that we need. What we are missing, in the Hispanic community, is information. We need more materials by medical doctors or experts in this field because in our community we often hear, they say (dicen) or they said (dijeron). This causes us to become confused because we do not know what is right or wrong."*

Other people, particularly men, believed that they faced special barriers as immigrants, which prevented them from leading healthier lives (i.e., having a desirable blood cholesterol level). *"As immigrants, we can't really think about our health because we are preoccupied with making a living. That is one of the key reasons."* Other reasons included working in jobs that do not offer insurance (to see a doctor) and none or insufficient sick day benefits. The discussion of these factors was lively and impassioned and had to be interrupted to continue with the remaining questions.

Saturated fat

When asked "What have you heard about saturated fat?" most of the participants had not heard about it. A few people related that they had heard the term, but their responses were tentative or they didn't remember what it was. *"Saturated fat is — well, it may be the fat that is*

most concentrated." *"I heard Dr. Huerta talk about it. He explained saturated fat, but I don't remember exactly what it is."*

High Blood Pressure

High blood pressure knowledge

When responding to "What have you heard about high blood pressure?" many participants described symptoms that they believed to be characteristic of high blood pressure. *"You feel as though you are suffocating. . . . You get very hot and red. Your temperature goes up with high blood pressure." "I get nerves and a very cold sweat. I feel as though I lose all of my strength."*

Worries, problems, and stress were also likely to be associated with high blood pressure. *"Some of the things that can cause high blood pressure are bad news, nerves, and worrying." ("Las cosas que pueden causar la presión alta son las malas noticias, los nervios y las preocupaciones.") "Blood pressure is also affected if you are always in a hurry. In our countries you have time in your day for everything but not here. Here people get up and get dressed. The kids. All of that. Fast, fast, because there is not enough time. Always looking at a watch."*

Other people mentioned remedies as a way to control high blood pressure. *"Cold. Cold temperatures lower blood pressure. If you have high blood pressure, drink juice that is very cold. Cold. It has to be very cold. This lowers blood pressure." ("El frío. Una temperatura fría baja la presión. Si tiene presión alta, se toma un jugo muy frío. Frío. Tiene que ser muy frío. Esto baja la presión.") "A clove of garlic every morning to lower blood pressure." ("Todos los días por la mañana un diente de ajo para bajar la presión.")* Drinking a small amount of alcohol every day was believed to be particularly effective. *"The doctors say that it is good if you drink. I don't remember how much, but I think it is a shot every day. . . but it is only one. So that the heart functions better." ("Dicen los doctores que es bueno tomar. No me acuerdo cuánto — pienso que es un tragito cada día . . . pero no más de uno para que el corazón funcione mejor.")* Some people countered, however, that drinking alcohol can cause high blood pressure or, worse, people are in danger of becoming alcoholics if they drink alcohol to try to lower their blood pressure.

Several participants also expressed concern about low blood pressure. They felt that having low blood pressure can be as bad as high blood pressure.

The Arna Valley women's group expressed that they did not know very much about high blood pressure and did not answer the high blood pressure-related questions.

Words describing high blood pressure

Although a couple of people responded and said *"hipertensión"* or *"tensión"* when asked "What words are used to describe hypertension?" most of the participants declined to answer or were unable to respond to this question. When probed and asked if they had heard the words *"hipertensión"* and *"presión arterial alta,"* a few others said that they had. They thought that these words were associated with high blood pressure.

Who gets high blood pressure

There was less consistency across the groups in response to the question "Who is more likely to have high blood pressure?" compared to other questions. However, overweight people were mentioned by numerous individuals. *"Not fat people but obese. Obese people are more likely to have it because their body has more fat and this causes the arteries to close."*

Other people believed that having a "susto" (a frightening experience) can cause high blood pressure. *"If you are in an earthquake . . . it can cause you to have high blood pressure. Something that is very strong. A bad fright. It is — well, if someone close to me dies."*

People with a family history of high blood pressure were also seen as likely to have high blood pressure.

Knowing if a person has high blood pressure

The immediate and foremost response to the question "How does a person know if they have high blood pressure?" was "see a doctor" or "go for a checkup." Several participants also mentioned that a person can go to Giant grocery stores and use the "little machines" that are available for checking blood pressure.

Participants also described symptoms that they felt were indicative of high blood pressure. These symptoms were often conflicting. *"Your body gets numb. You get cold." "You need to see a doctor but first you have headaches and your eyes get red. You also have a tendency to sweat a lot. It is manifested when your body feels very hot. That is what I understand." ("Uno tiene que ir al médico pero las primeras cosas que se sienten son dolores de cabeza y los ojos se le ponen a uno rojos. También uno tiende a sudar mucho. Se manifiesta sintiendo demasiado calor en el cuerpo. Es lo que yo entiendo.")*

Normal blood pressure level

The initial reactions to "What is a normal blood pressure level?" were no responses at all. When probed further and asked if they had heard of a number associated with high blood pressure, many gave numbers that they had heard of, but their responses were often tentative. *"I think that a normal number would be 120." "108."* Others gave two numbers. *"I have heard people say 70 over 100 and something." ("Yo he oído a gente decir de 70 sobre cien y algo.") "Two numbers." "90/110."* Interestingly, the numbers 80 and 120 were used in various combinations: *"120/80." "80, 120. That is normal." "If it is over 80 or 120."*

High blood pressure level

The participants did not respond initially when asked, "What is a high blood pressure level?" After a few seconds, different numbers would be called out. *"120 to 200 is high." ("De 120 a 200 es alto.") "140." ". . . I have heard that when a blood pressure is 150 or 190, a person is ready for a coffin."*

Several participants stated that they believed that men and women have different normal and high blood pressure values.

Concern about high blood pressure

The overwhelming response to the question "Should a person be concerned about having high blood pressure?" was "yes." Most people believed that being unconcerned could result in serious health problems, specifically heart disease or even death. *"A person can die if they have high blood pressure because it can cause a stroke or it can cause heart problems."*

Having a normal blood pressure level

Living a calm life, feeling relaxed, and avoiding or solving problems were seen as very effective ways to keep blood pressure normal. *"Be calm in everything. Do not get angry over something small." ("Mantenerse tranquilo en todo. No enojarse por algo pequeño.") "I try not*

to have problems with anyone at home, in the street, or anywhere else. If I were to have a problem with anyone here, my blood pressure would go up immediately. A person can burst."

Drinking a small amount of alcohol, eating well, and going for medical care were given as ways to have a normal blood pressure level. Moderating the amount of work and exercise were also viewed as ways to control high blood pressure.

Only two participants mentioned medications in relation to high blood pressure control during any of the blood pressure discussions.

Eating less salt

No one suggested eating less salt as a way to have normal blood pressure when responding to the previous question. When the participants were asked "What would you do to eat less salt?" many said that they would eat less salt if they had to or if a health professional requested they do so. They felt that the easiest way to eat less salt would be to gradually reduce the amount that they use in cooking. *"If there is a dish that we usually add 1 teaspoon of salt, we should use a little bit less today. Tomorrow we should use even less. Over time we will get used to eating 'less salt' (comida simple)."*

Some participants said that they would avoid the use of salt. However, after some thought, they usually came to the conclusion that it may be harder to do than they initially thought. *"Well, avoid eating too much salt. But there are a lot of things — for example, if you eat lime, it is with salt. Mango with lime and salt. There are a lot of things. Papaya with lime. I like it with salt. What happens is that we like salt. Everything that has lime needs salt."* Other people mentioned that using iodized salt is an effective way to eat less salt.

A few people came right out and said that eating less salt would be very difficult for them because they liked the taste of salt and because food without salt is tasteless. *"I find it hard to cook with less salt because food doesn't have the same taste." "Food without salt is tasteless."*

A couple of men thought that eating less salt would be impossible because their wives did not have the time or they could not afford the cost of preparing a separate lower salt meal. *"Making two types of food when a family is large is too costly. That is one of the reasons why we eat too much salt."* It apparently did not occur to these men that the entire family could eat a lower salt meal that would also meet their dietary needs.

Alcohol

Alcoholic beverages

Alcoholic beverages mentioned included whiskey, beer, wine, tequila, vodka, brandy, liqueurs, champagne, and beverages fermented at home. Several people also believed that sodas contain alcohol.

Alcohol and the heart

Most of the participants believed that drinking too much alcohol affects the heart. It was difficult to pinpoint exactly how much was "too much." Their answers included: *"Six beers or more a day." "Drinking often, drinking every day." "Excessive drinking is to drink until a person becomes inebriated."* There was general agreement, however, that a small amount of alcohol (i.e., one drink a day) is beneficial to the heart.

Some people seemed to think that drinking alcohol is both good and bad. One man said, *"I drink a couple of drinks each Saturday. I do this so that I can forget the pressures for a little bit on Saturdays. To forget that I have to write checks for the rent, gas, and water. . . . On Sunday mornings when I wake up, my heart beats very fast. Alcohol is harmful."*

Weight

Weight and health

Most people were initially likely to respond to the question "Do you think your weight influences your health?" with an overweight-related answer rather than a response about weight in general. *"Yes, because if a person is overweight, they get tired very easily." "I think that being overweight, like me, does affect our health. There are many movements that we cannot do. We can't do many exercises."*

There was also a tendency to believe that slender people are more likely to be in better health. Many felt, however, that assumptions about health should not be made based on appearances alone. They realized that some people may have diseases that cause a person to be underweight or they may have an eating disorder.

A few people believed that extremes in weight (being very slender or very fat) were unhealthy. *"If one is extremely thin, this also causes people to become sick. If a person is overweight, that is also bad. I think that a person should be at an average weight."*

Slender or overweight

When the participants were shown pictures of a slender woman and an overweight woman, the initial reaction was that the slender woman was more likely to be healthy. However, after people took time to think it through, most agreed that it was difficult to determine who was more likely to be healthy based solely on appearances. Many expressed that although the slender woman looked nice, there was a possibility that she did not nourish herself well in order to keep her figure or that she could be a smoker. Several women also mentioned that a slender person could have an eating disorder, tuberculosis, or AIDS.

When pictures of slender and overweight men were shown, the participants said that the answers given in the previous question about women also applied to men. One generally agreed-upon conclusion dealt with a picture of a slender man that included his family. Many participants said that people who have a family are more likely to be healthier.

Weight gain

Eating a late meal and going straight to bed was viewed as the most common cause of gaining weight. Responses included: *"This happens especially during dinner time. You usually eat a heavy meal. Meat. No vegetables. Very heavy foods. You eat and 5 or 10 minutes later you go to sleep. This does not give you enough time to burn this." "Dinner, more than any other meal, causes a person to gain weight. A person can eat all they want. Anything that they want, except for dinner. When a person eats late at night just before going to bed, the food they eat is the amount they will gain." ("La cena más que otra comida hace que una persona suba de peso. Una persona puede comer todo lo que quiera, todo lo que quiera pero no en la cena. Cuando la persona come tarde y luego se duerme, la comida que se come es lo que aumenta de peso.")*

Eating too much was also viewed as causing weight gain. *"People gain weight because they are not careful about their eating. They eat anything and at whatever time. That is why people get fat. Because they eat too much."*

Not having set meal times or a lack in routine was also seen as instrumental in causing weight gain. *"A person needs to have set meal times. If they don't, they are more likely to gain weight more quickly."*

A few women believed that using birth control injections or sterilization caused weight gain. This opinion was a result of their own personal weight gain experience while using these birth control methods.

In the course of this question's discussion, several women made comments that may indicate that weight standards (being thin or being overweight) may be viewed differently by some Latinos. One woman who said that she is too thin tried various ways to gain weight but has been unsuccessful. A visual assessment of her weight indicated that her weight was just slightly below average. Another woman who appeared to be about 25 pounds overweight indirectly acknowledged that she was overweight but that her husband preferred that way. She said, *"I am just right for my husband, but I am not right for my health."*

The words used to describe being overweight included *"gordo(a)," "gordito(a),"* and *"obeso(a)."* One woman seemed to think that using the word *"gorda"* was not appropriate and chided a person about her use of the word *"gorda"* to describe an overweight person. She told her to use *"gordita."* She may have done this because the word *"gordita"* is seen as less harsh.

Calories

Most participants had seen or heard about calories but didn't quite know what they were. The following are selected responses: *"There are a lot of foods that say, 'High in Calories.'" "I have read about them, but I don't know what they are."* *"Well, I have noticed that certain foods show the amount of calories they have, but I couldn't tell you how many calories we can eat."*

Others seemed to understand or partially understand the concept of calories. *"The more calories a person eats, the chubbier a person will be."* *"Foods have calories and what happens is that we eat, eat, and eat and then don't burn those calories."* *"Calories are burned with walking."* *"The body needs calories. There is a certain amount that our body needs every day."*

Weight loss

The majority of participants believed that weight loss could be achieved by eating a balanced diet (i.e., eating less food and less fat) and exercising. Other ways to lose weight included not eating breakfast, taking diet pills, seeing a doctor, and working.

Gaining weight

Weight gain was believed to be best achieved by eating more. Eating in the afternoon or evening was viewed as a particularly successful way to gain weight. Other answers included: *"All foods."* *"Eat lots of tortillas, rice, and pupusas."* A couple of people believed that if you were meant to be either slender or fat, there was nothing that could be done. *"I think whoever is thin is thin and whoever is fat is fat. I can eat and eat and my body just doesn't allow me to become fat."*

Many participants expressed perplexity because they claim to eat less in this country and yet they gain weight. They attribute the weight gain to the use of preservatives or chemicals and because the food has more vitamins and fat. *"We eat more in our countries. We eat three times a day. Here we may eat only once a day, sometimes two times. But we get fatter here because it has more vitamins, more fat."* (*"En los países de nosotros comemos más. Comemos tres veces al día. Aquí a veces comemos una vez al día, a veces dos. Es que engordamos más aquí porque la comida tiene más vitaminas, más grasa."*)

Diet

Dietary changes in this country

The overriding response to the question "How has your eating changed in this country compared to your country?" was that they no longer have the time to eat three meals. Many stated that they are lucky to eat one, possibly two meals, a day because of time constraints. They

were also less likely to have set meal times and felt that there was much less of an opportunity to sit down and eat a meal (with the possible exception of dinner). Dinner was also reported to be the heaviest meal in this country as compared to lunch in their countries. Dinner is also eaten at a later hour. They stated that eating a heavy meal late at night does not allow for adequate digestion of the meal. Overall, there was an underlying sense of frustration as they related this information.

"In our countries our lunch is the more formal meal. Not like dinner is here. We don't have the time to prepare lunch like we did over there. Over there lunch consists of a piece of meat, rice, salad, and tortillas. . . . We have all afternoon to burn the fat that we have eaten during lunch. But here, we have dinner and then straight to bed. This is something that has changed considerably."

Time limitations also prevented them from eating their meals at a slower, more enjoyable pace. *"Many times we eat but instead of chewing, we just swallow. We don't chew. . . . We do this because we don't have time. Time goes too quickly because of our jobs. It takes the stomach too long to digest this food. . . . I feel better when I take my time and chew."*

Many participants seemed to dislike living a fast-paced life with disrupted meal patterns and felt they were caught in this way of life. *"I used to think how horrible it is to see people eating in their cars. It is a horrible life. Very agitated. But that is the way of life here, and we are heading toward the same. The stress — we do not sit down to eat peacefully. No, we are now running. Drinking a little bit of coffee. Running out the door and then leaving our coffee behind."*

They also stated that they ate foods that were more "natural" in their own countries. Foods that were not preserved with chemicals and preservatives. When questioned about what they meant by "natural," they said: *"Foods that are not canned. Here they add things so that the food does not spoil. We eat more fresh foods over there. Here the vegetables are frozen. Also meat." "They were meals prepared at home, everything was natural. Vegetables and beans. These foods were natural and did not have quite as many preservatives. Here they take a chicken that is small and somehow make it very big."*

As expected, they also had a tendency to eat more fast foods such as hamburgers, pizzas, and hot dogs. The reasons for the consumption of these foods included convenience, availability, and time constraints. *"We all know these foods [fast food] are harmful and that they contain a lot of fat. But because of our daily routine. Because we are so tired, a pizza is just easier. We eat it and we don't have anything else. No cleanup. No dish washing. No straightening up." "It is easier to buy a hamburger here in this country. In El Salvador, if you wanted to eat a guava, all you had to do was climb a tree."*

Dining out

Of the people who "eat out," most were likely to eat at a fast food restaurant such as McDonald's, Burger King, Roy Rogers, or "go for pizza." Many stated that they are influenced to eat at a fast food restaurant by their children. In addition to liking the food at these places, the children are also attracted by the toys offered with a "children's meal." Latino-style restaurants reflecting the participant's country of origin were also popular. These included La Princesa, Blanca's, Atlacatl, La Bamba, and El Ranchito. Going out for roasted chicken and Chinese and Italian food were also said to be favorites. American-style restaurants mentioned included Denny's and Houlihan's.

People said that they go out to eat as often as once a week, a couple of times a month, or only a few times a year. For many participants, eating out more frequently was inhibited by limited finances.

Several participants stated that they do not eat out because they prefer the taste of food prepared at home and because they feel more comfortable knowing exactly who prepares their food.

Physical Activity and Exercise

Exercise

When asked "What does exercise mean to you?" the participants gave answers that included "running," "walking," "go to a gym," "move the body," and "be in shape." Others said that it was to be in constant motion.

Physical activity

An immediate response to "What is physical activity?" was "work." *"Physical activity is when a person gets up, works, is alert, runs, and walks. They run to go get this and that at work."* Others believed that physical activity relates to "the body's movement," "walking," and "when you sweat."

Exercise vs. physical activity

As evidenced above, some people define exercise and physical activity as the same thing; however, others believe there is a clear difference. One active young woman saw these differences: *"Physical activity involves the person, your body. If you bend over. If you walk. If you clean the house or do laundry. It is not physical activity [but exercise] when you go to a place that is pretty and has a mirror and people are jumping around [aerobics]."*

Exercise and heart disease

Exercise was generally viewed to be beneficial for the heart. *"Exercise is good for the heart. If the heart has fat, it causes the heart to lose fat." "I think that exercise is the only medicine that can burn cholesterol. It is the only way that I have heard that causes cholesterol to be lowered quickly."* There were a few people, however, who expressed caution against exercising too much because it could have detrimental effects on the heart. *"Exercising too much after you are tired is bad for the heart." "A person who has heart disease cannot exercise too much."* Only a couple of people said they did not know anything when asked, "What have you heard about exercise and heart disease?"

Exercise habits

Some participants said that they spend some time exercising. Exercises included walking, running, aerobics, lifting weights, and spot exercising such as pushups or situps. A few participants who said they run or walk do not do so in the winter because of the cold weather. The number of times they exercised ranged from every day, to two to three times per week, to once a week or less.

Other participants said that they exercised as part of their job. *"I exercise. From 6 o'clock in the morning to 4 o'clock in the afternoon, I use a machine to scrub the floors and I mop the floors. That is exercise."* (*"Yo hago ejercicio desde las 6 de la mañana hasta las 4 de la tarde con una máquina limpiando el piso y 'mapiando' el piso. Sí, ese es un ejercicio que yo hago constantemente."*) Others believed, however, that having a physically active job was not

exercise. *"I have to say that exercise is not housework. It is time set aside for exercising. It is an exercise for losing weight. Housework does not cause weight loss. We get tired but it doesn't cause weight loss."* One man, obviously agitated when told that his physically demanding job was not exercise, retorted, *"My job is exercise. I go up 10 flights of stairs with a bucket in my hand. There are many men in my job who are much younger than I and they cannot keep up with me. . . . I go up two or three times a day. Ten flights of stairs with a bucket in my hand."*

Other people said that they do not exercise at all. Reasons given as to why they do not exercise included time constraints, lack of social support, inexperience with exercise, and fatigue.

When asked if dancing is a form of exercise, everyone agreed and believed that Latinos would be likely to do this form of exercise. *"It is a very active form. People would be very motivated. They would become excited and you don't need to tell them to move their arm or hand. The entire body is put into action."*

During the course of the focus group discussion, both men and women made references that people exercise for its weight loss benefits rather than for overall health maintenance. *"We see a lot of Americans on the street running and walking. Yet many of them are slender." ("Se ven muchos americanos corriendo o caminando por las calles. Pero muchos son delgados.")* *"Many people exercise a lot not because they want to feel healthy or because of its benefits. They do it because they want to fit into a bikini." "There are many men and women who are slender. They run all of the time. I look at them and wonder why they run. I then ask them if they run because they want to burn fat but they tell me, no, that they are doing it for their health."*

Smoking

Smoking knowledge

People were generally in agreement that smoking is dangerous for health. They associated smoking with cancer, specifically lung, throat, and brain cancer. A fewer number associated smoking with heart disease. They often had to be asked if smoking affects the heart. Several participants associated smoking with tuberculosis. *"They say that smoking is the reason people get tuberculosis. It is a disease that causes people to die from coughing. They say that the lungs disintegrate from smoking too many cigarettes."*

Although there was a formal question about the effects of secondhand smoke as part of the discussion, it was never asked because people in each of the focus groups spontaneously mentioned that nonsmokers are compromising their health when they breathe smoke-filled air. *"People who smoke contaminate the air and this harms the people who are breathing the air. This affects the person who smokes as well as the person who doesn't smoke." "If you smoke inside the house, the smoke will contaminate others. It affects them worse than the person who is actually smoking."*

Asking someone not to smoke

The responses to the question "If you do not want someone to smoke in your house but someone lights a cigarette inside your house, what would you do?" fell into three categories: (1) people who would assertively tell a person to go outside to smoke, (2) people who would use a more polite or less confrontational approach, and (3) people who would use more subtle ways to make people aware that smoking is not permitted in their home.

The most assertive people in the group would generally be the first to respond to the question and say that they would just tell a person that smoking is not allowed in their home. *"I would tell them to go outside to smoke." "I would tell them to leave. That they stop smoking."*

People disagreeing with this approach stated that they would tell people in a more polite way that would be less offensive to the smoker. They often used concern for their children's health as a reason why they do not allow smoking in their home. *"I tell them to please forgive me but smoking is not permitted in my house. There are children. . . ."*

Others felt that timid people should use subtle techniques to get their point across. *"I think a good idea for people who do not want smokers in their house is for them not have ashtrays in their home." "A person who is embarrassed to say anything should just open the window." ". . . I have a sticker that says, 'No Fumar, Hay Niños' (No smoking, there are children). I have placed it behind my door. When I close my door and if someone [who wants to smoke] doesn't see it, I just point at the sticker."*

Smokers

Very few people claimed that they smoked cigarettes (between none and two people per group). Of the people who smoked, most smoked a pack of cigarettes a day or less. For many it was a few cigarettes a day or per week.

Of those people who had attempted to quit smoking, the only method that they reported was "going cold turkey."

Smoking and drinking

Not many participants admitted that they smoke cigarettes while drinking in a social setting, although most knew people who did this. They said that they have also seen Latinos who normally did not smoke, drink and smoke in a social setting. *"A Mexican's or a Latino's machismo is to have a bottle of liquor in one hand and a cigarette in the other. . . . The majority of my friends smoke and drink."*

Motivation and Health Information

Motivation

In applicable sections of the discussion, participants were asked what would motivate them to lead healthier lives. Many expressed that they needed more information to make changes. They felt that with more information they were more likely to make a decision to change unhealthy behaviors. *"More information, but it needs to be very detailed. If I had the information and it told me exactly everything. If it told me how cholesterol could harm me. How I could prevent it. What diet I should be on. What exercises I should do. With all of this information, I might become interested and do it."* Others thought that a radio program offering health information such as Dr. Huerta's could motivate people to make health changes.

Some participants did not believe that information in and of itself was enough. *"Because most people aren't motivated through words alone, I think there should be organizations that should help. . . a campaign."*

Others felt that to successfully motivate people, they need to be shown how to make specific health behavior changes. *"Through demonstrations. Have a demonstration that shows people how this [removing the skin from chicken, baking instead of frying] is done. How to cook it. Demonstrate foods with fat and without fat. Using vegetables."*

Advocating gradual change was also thought to be an effective way to motivate people. *"[Change] little by little because we are not going to change our habits. We are not going to change our habits from today to tomorrow. We need to do this little by little."*

Several participants thought that using scare tactics to motivate Latinos to practice healthy behaviors was the only effective method. *"Tell them that they will die." "I think that for Latinos, the only thing that works is when we finally see a person who is very sick. . . . That is when we do something about our health."*

Providing health information in an entertaining fashion, so that people look forward to learning about it, was also given as a way to motivate Latinos. *"Hispanics tend to think that health topics are boring and a waste of time. . . . If we were to have educational programs that are entertaining, this would help to capture the public's attention. People would begin to anticipate a program before it aired. If it were interesting, we would let each other know what time the program begins and what it is about."*

Health information

The participants said that they usually obtain health information from clinics, television, radio (specifically Dr. Huerta's program), schools, newspapers, friends, and books.

Helpful health information

When asked "What type of health information is most helpful?" the participants said that they find television and radio programs that offer health information to be the most helpful.

Brochures were not found to be especially helpful. This was because even though the participants sometimes picked them up, they usually stored them somewhere and forgot about their existence. *"I pick up a brochure at a hospital, but then I just put it in the glove compartment of my car or in a drawer. I say I will read it later, but that 'later' never comes."*

Others felt that brochures often contain language that is not easily understood. *"There are pamphlets in many places that we go to. We don't read them because we see words that are kind of odd. We do not understand them. If the pamphlets were written using a language that we speak, we would be more likely to understand the message."*

Some people believed that they did not have enough time to read a brochure. *"It is less easy to obtain information from a brochure than a television program. After you come home from work, you do not have time to read a brochure. When you come home from work at 4 o'clock, you watch the news."*

Spanish-language materials were preferred over English-language materials primarily because many participants do not read or understand English well or at all.

Newspapers

Newspapers appeared to be read by the majority of the participants. As expected, Spanish-language newspapers were read primarily. These included *El Pregonero*, *El Tiempo Latino*, *La Nación*, and *La Crónica*. The *Washington Post* was read by a few individuals. They were most likely to read this newspaper on Sundays only.

Project name

The project name preferred by most participants was *"En tus Manos un Corazón Sano."* This was followed by *"Salud, Vida y Corazón," "Vive al Ritmo de un Corazón Sano,"* and finally, *"Ponle Corazón a tu Vida."*

Publication-Related Questions

General

Colorful materials were well liked because they attract a person's attention. Graphics and pictures that demonstrate health behaviors were said to be particularly effective because they give people an example of the health behaviors that are recommended. Graphics, in and of themselves, were not enough, however, because most people believed that a health message must also accompany the health-related graphic or picture.

Catchy titles were also said to attract attention. For instance, a title well liked by many was one of the materials shown, "*Madres, protejan a sus niños*" ("Mothers, protect your children"). Women were particularly attracted to this title because of its emphasis on family. Throughout the focus group discussion, many people mentioned the importance of family in their lives. Some women said that being a mother would motivate Latinas to lead a healthier lifestyle. *"I have two children. So for my children I will read this [health] pamphlet. I read it to see how it will help me."*

Others believed that greater efforts should go toward educating children about health because they can learn healthy behaviors at an earlier age. *"I think we should also teach our children . . . to eat less salt. A child doesn't know what he is given. He only eats it. He doesn't know enough to say 'I want more salt.' If we teach children to eat less salt beginning today, when they are older they will eat less salt than their parents."*

The participants also said that they liked the use of comparisons. One colorful caricature, which showed a man with and without a paunch, was well liked by the participants because it contrasted two weights.

Flipchart

The use of a flipchart was believed to be particularly effective in a small group setting. They felt that a flipchart provides people an opportunity to follow the information being related.

Photonovela style

Most participants liked the use of photonovelas to educate people. One woman said, *"I like the photonovela style because it presents the information that is similar to our lifestyles."* Another said she liked it because it is short and to the point. The participants were asked whether they liked a style that showed photographs or one that used drawings. The results were mixed. Some liked the seriousness conveyed by using pictures. Others said that they liked a more lighthearted approach captured through the use of caricatures or comical drawings.

Bilingual materials

Bilingual materials were said to be needed and important for the Spanish-speaking population. They stated that they preferred having access to bilingual materials because many Latinos are learning to speak and read English. Bilingual materials provide them with an opportunity to learn English-language words that they are unfamiliar with because they are able to compare them with the Spanish version. Another reason why the participants requested bilingual materials was that since many of their children read English rather than Spanish, the children can also use the materials. *"I think it is a good idea to have bilingual materials because many of us Latinos are trying to learn English. Our kids are bilingual because they go to school. They can also look at the information and learn about health. It helps us to recognize words in English."*

Of the three different bilingual formats shown (i.e., Spanish above the English or English above the Spanish; Spanish on one page and English on the other side; and English and Spanish side by side), the participants preferred the side-by-side format much better than the others. They liked it because they can go across the page and easily find a corresponding English or Spanish word. *"This type is more practical because it is on the same line. You don't have to look for it on the other side. You can see it at a glance."* The participants least liked the format that presented the information on separate pages.

Recipe use

Although most participants did not use recipes, they expressed interest in having recipes. They claimed they would use recipes if they were available and simple and if the dishes were not expensive to make.

Focus group format

During the course of the focus group discussion, many participants related that they liked the focus group format as an effective way to learn. They said that they were more likely to pay attention and listen to the information being given. The participants also said they liked a focus group format because it requires their involvement.

CONCLUSION

The focus groups that were conducted presented an opportunity to comprehend the ways in which selected Latinos in the Washington, D.C., metropolitan area view heart disease and its risk factors. Although these groups were not representative of all Latinos in the Washington, D.C., metropolitan area, the opinions obtained provide a foundation for the development of a campaign that successfully meets the needs of this population. The information obtained in the focus groups is critical to the development of a campaign because it considers cultural factors and provides insight into those concepts that are not well understood. More importantly, it gives an awareness of the issues most relevant to the Hispanic population.

Overall, these focus groups were well received by the participants. Many participants expressed their appreciation of having the opportunity to "learn" about heart disease. They also were glad to be able to vocalize their opinion on this subject. Because of this enthusiasm, the participants were asked to write their name, address, and telephone number if they were interested in becoming involved in a future campaign (e.g., receiving information, participating in discussion groups). Every person who participated in the focus groups willingly provided this information. A few people said that they would like to help out in any aspect of the program even if they were not paid. Moreover, several focus group participants telephoned the recruitment coordinator and reiterated to her that they would like to become involved in this campaign.

These findings indicate that there is a willingness by Latinos in the Washington, D.C., metropolitan area to become involved in this campaign. This enthusiasm should be embraced, and active participation by members of the Latino community should be encouraged. The community's involvement is critical to the success of this campaign because these are the people who can best determine what motivates them and what would help them to lead a healthier life. More importantly, they can provide insight on the perceived barriers that keep them from having a healthier heart.

RECOMMENDATIONS

1. ***Reinforce correct information that is already known and introduce new information.*** The majority of participants already knew that a person needs to eat well and exercise regularly to have a healthy heart. This knowledge about the role that diet and exercise play in heart disease prevention should be reinforced. Additional information about cholesterol, blood pressure, weight, and smoking should be addressed as well as more specific information about diet and exercise.
2. ***Develop specific, concrete messages.*** The key messages that are developed as part of this campaign must be very specific, concrete, and concise. People are more likely to remember a message when it is presented in this manner. Messages that are technically accurate but too lengthy are often overlooked or disregarded because the amount of information overwhelms people. These concise messages should then be repeated within, and throughout, the campaign.
3. ***Use medical and health terminology that is consistent.*** Latinos of varied educational backgrounds and countries may use different medical and health-related terms. They also may be unfamiliar with common medical terms. It is important, therefore, that this campaign consistently use mutually agreed-on medical and health-related terms. This will ensure that the participants learn a health-related vocabulary that is technically correct.
4. ***Develop materials and programs that reflect their lifestyle.*** Although many Latinos may be aware that they need to eat less fat and that they should exercise, their fast-paced lives (e.g., working two or three jobs to make ends meet) and the daily pressures and stresses that they face often keep them from doing either of these behaviors. It is imperative that any developed materials or programs address heart disease prevention within the context of the target audience's lifestyle. For example, because many Latinos will continue to eat fast food meals, they need to be informed which fast foods are better choices.
5. ***Involve community members in the development and evaluation of the campaign.*** When members of the target population are involved in a campaign, they can provide invaluable insight on how to further improve it. Their involvement is critical because they know firsthand the situations that the target population encounters on a daily basis. They also can help assess whether developed materials and programs are understood and applicable within the context of their daily lives.
6. ***Focus on positive behavior changes to prevent heart disease.*** Because many people associate heart disease prevention with avoiding certain behaviors or foods, they should be made aware that there are also many positive behaviors they can do to prevent heart disease. Providing examples of positive behaviors will help alleviate some of the frustration generally expressed when people are trying to change behaviors. This may also help decrease the number of people who stop making changes altogether because they get tired of avoiding the things that are "bad" for them.

7. ***Demonstrate recommended health behaviors where appropriate.*** The participants believed that changing health behaviors requires knowledge plus hands-on experience. Demonstrating how a specific behavior is done is more effective than relying solely on telling them what to do. A *promotora* program is an excellent type of program that can demonstrate specific behaviors.
8. ***Use television, radio, and newspapers to convey health information.*** Television and radio were seen as effective methods to reach a population that leads a fast-paced life. Televised health programming that is interesting and entertaining was believed to be the best way to reach a large number of Latinos. Dr. Elmer Huerta's radio health program, which was mentioned in each of the focus groups, was seen as a health program that provides a beneficial service for the Latino population. Spanish-language newspapers were read widely on a regular basis and were also believed to be a good avenue for disseminating health information.
9. ***Employ a modified "focus group" format as an educational technique.*** During the course of the focus group discussions, many participants stated that they preferred the small group discussion format as a way to become better educated about their health. This format allowed them to share their own opinions and experiences. They were more likely to pay attention because this type of format requires their involvement. Using a group discussion for specific aspects of the program (e.g., *promotora* program) creates a bond between the participants. It also provides a support system for people who are making difficult changes in their lives for the benefit of their health.
10. ***Emphasize that heart disease prevention is within their control.*** Many participants believed that their health was beyond their control. They need to be reassured that it is never too late to make changes in their lifestyle and that there is always something that they can do to be healthier.
11. ***Develop lower literacy level reading materials.*** The materials developed for this campaign should be simple, concise, easy to understand, and easy to read. This will ensure that a larger number of Latinos will benefit from this campaign.

Appendix A
Focus Group Discussion Guide

**National Heart, Lung, and Blood Institute
Latino Focus Group Project**

Focus Group Discussion Guide

I. WARMUP AND EXPLANATION

A. Introduction

1. Good [morning, afternoon, or evening], and welcome to our discussion. My name is Carmen Moreno. On behalf of [local agency], Yvonne Rivera, and myself, I would like to thank you for attending this discussion.
2. This discussion is part of a project that is being conducted at two other agencies in the Washington metropolitan area to find out what Latinos know about the heart and how to keep it healthy. By finding out how much you know about the heart and its health, we will be able to develop better health programs for you and other Latinos in the area.
3. During this discussion, I will ask you a series of questions related to the heart and its health. When you answer, please express your thoughts and concerns about each of the questions or any other related issues. Your opinions and ideas are very important to us.

B. Ground Rules

1. Please remember that there are no right or wrong answers to any of these questions. Also, feel free to state your own viewpoints, feelings, and personal experiences.
2. We want and need to hear from everyone here today. The more information we get from you, the more it will help us to develop better health programs that will truly meet your needs.
3. All comments are welcome—both positive and negative. If you don't have an answer or do not understand the question, it is okay to tell me so. It helps us even when you don't have an answer to a question. So please don't be ashamed to say, "I don't know" or "I'm not sure what you're talking about."
4. Please feel free to express yourself if you disagree with someone else's opinion. We want to have many different points of view.
5. It is important to be honest, but please realize that you don't have to say anything about yourself that makes you feel uncomfortable.

6. We cannot answer any questions related to heart disease during the discussion because we do not want to influence your responses in any way. We are here to learn what you know or have heard about the heart. We want to learn from you. Your opinions are very valuable to us. If you should have a question during the discussion, please wait until the end of the discussion and we will be happy to answer any of your questions or to refer you to someone who can help you.

C. Procedure

1. A tape recorder will be used during the discussion because I need to pay close attention to what you are saying. Later, I will review the tape and listen carefully to your responses to my questions. I will then take the information I obtain from each group and write a report. Please remember that you will not be identified in any way. We will begin the tape recording after our introductions.
2. This discussion is strictly confidential. What you hear and what you say should not be shared with anyone outside this room. This information should stay here. Are we all in agreement?
3. This is a group discussion, so you don't have to wait for me to call on you. Please speak one at a time because that way everyone will hear what you say and it will make it easier for me when I review the tape. Also, please be considerate of your fellow participants and give each other an opportunity to speak. If you have a soft voice, please speak a little bit louder so that your comments will be clear on the tape.
4. We have a lot of information to go over, so I may have to change the subject at times or move ahead in the middle of our discussion. Please stop me if you want to add additional information that you feel is important to our discussion.
5. Our session will last about 2 hours. We will not take a break, but please feel free to get up and use the restroom.

D. Self-Introductions

1. Let's start by introducing ourselves. As I said before, my name is Carmen Moreno. I am 34 years old, and I was born in the United States. I have lived in this country all of my life. I am married, and I have no children.
2. Now, please introduce yourselves. Give your name, age, country of birth, years in the United States, marital status, and number of children. We will start with Yvonne, continue with the person on her right, and go around the room.

3. Before we begin our discussion, please take a few minutes to complete the form we have handed out. This information will help us to learn more about the people who participate in the discussions. It asks which country you are from, age, marital status, which language you prefer to speak, and which language you prefer to write. It also asks a few questions about health. If you do not know the answers to these health-related questions, it is all right to write down, "I do not know." Also, it is not necessary to write your name.
4. If anyone needs help in **filling** out the information, please let me know. Yvonne and I will be happy to help you. Does anyone need any help?

II. DISCUSSION QUESTIONS

We are now going to begin our questions. The first set of questions are about heart disease.

A. Heart Disease

1. What do you know about heart disease? For this question only, we will start with one volunteer who will tell me one thing that they know about heart disease. Then, I am going to go around the room to get a response from each of you.
2. What are different words you have heard that describe heart disease? I have heard people say *corazón grande*.
3. Who do you think is most likely to get heart disease? Why?
4. Have you heard the term "risk factor"? If yes, what does it mean to you?

B. Prevention

1. Have you heard the word "prevention"? If yes, what does prevention mean to you? *Define prevention if no one knows what it means: Prevention is doing certain things to keep you and your family from getting sick.*
2. Do you think that heart disease can be prevented? Why or why not? How?

C. Cholesterol

1. Who has heard the word "cholesterol"? Tell me what you have heard about cholesterol.

2. Where is cholesterol found? *Probe for both blood cholesterol and dietary cholesterol. Is cholesterol found in the body? What about in food? Are they the same or are they different?*
3. Who is most likely to have high blood cholesterol? Why?
4. Have you heard about saturated fat? What have you heard?
5. What can you do to find out your cholesterol level? What is a desirable or healthy level of cholesterol in the blood? What is too high?
6. If a person has high blood cholesterol, should he or she be concerned? Why or why not?
7. If a person wants to have a desirable or healthy cholesterol level, what should they do? *If "eat less cholesterol" is mentioned, probe to find out if any particular fat is important. If it is not mentioned, ask, "What about choosing foods low in cholesterol? Saturated fat? What would you do?"*

D. High Blood Pressure

1. What have you heard about high blood pressure?
2. What are other words that are used to describe high blood pressure? *Ask about hypertension if it is not mentioned.*
3. Who do you think is most likely to get high blood pressure?
4. Why do you think that people get high blood pressure? *Probe for reasons such as *susto*, *nervios*, etc.*
5. How does a person know if they have high blood pressure? *Probe for high blood pressure testing.*
6. What is considered a normal blood pressure level? What is considered high?
7. Should people with high blood pressure be concerned about it? Why or why not? *Probe for the effects of blood pressure on the heart and stroke.*
8. What can a person do to have a normal blood pressure level? *If "eat less salt" is not mentioned, ask, "What have you heard about eating salt?" If weight is not mentioned, ask, "Does weight affect blood pressure?"*
9. If you were asked to eat less salt, what would you do? Would it be easy or difficult? *Probe to find out what kinds of things they would do differently to eat less salt.*

The next two questions are about alcohol.

10. What beverages contain alcohol?
11. Do you think that drinking alcohol affects the heart? How?

E. Weight

1. Do you think that your weight influences your health? How? *Probe to find out whether weight is a good or bad influence on health.*
2. Who would you say is more likely to be healthy, this person [*show a picture of a slender person*] or this person [*show a picture of an overweight person*]?
3. Why do you think people gain weight?
4. Have you heard the word "calories"? Tell me what you have heard or know about calories. *Probe for the relationship between calories and weight.*
5. If you want to *lose* weight, what would you do? If you wanted to *gain* weight, what would you do?

F. Diet

1. What foods do you eat in this country that you did not eat in your country of origin? Do you eat these foods often?
2. Do you ever eat out? If yes, where do you go? How often do you eat out?

G. Physical Activity

1. What does the word "physical activity" mean to you? What does the word "exercise" mean to you? What about "physical activity"? *Probe to find out if they mean the same thing or something different to them.*
2. What have you heard about exercise and heart disease?
3. Do you exercise? If yes, what do you do? How often do you exercise? How much time do you usually spend exercising?
4. For those of you who do not exercise, why don't you exercise? *Probe for lack of time, fatigue, a physically demanding job, lack of exercise facilities, cost, don't know how to exercise, etc.*

H. Smoking

1. What have you heard about smoking? *If diseases are not mentioned, ask, "What diseases come to mind when you think of cigarette smoking?"* Does smoking affect the heart? How? Do you think that smoking causes strokes? Why or why not?
2. How does someone else's smoke affect those around them? How are children affected by this smoke? What is this smoke called?
3. If you do not want people to smoke in your house, but someone lit a cigarette inside your house, what would you do? What is a nice way of telling these people not to smoke in your house?

The following questions are for people who smoke.

4. Who smokes cigarettes? *If no one smokes, skip down to question 7.*
5. How often do you smoke? How many cigarettes do you usually smoke a day?
6. Have you tried to quit smoking in the past? What have you done to quit smoking? What would help you to quit smoking?

Ask this question even if no one says that they smoke.

7. For those of you who drink alcohol, do you smoke when you drink? If yes, why?

I. Health Information

1. Where do you get information about health? *Probe for health provider, clinic, pharmacist, health educator, nurse, nutritionist, curandera, family members, magazine, newspaper, television, radio, etc.*
Why do you go there? *Probe to find out what participants think of Government health materials.*
2. What kinds of health information would be most helpful to you? *Probe for brochures, booklets, flyers, newspaper articles, videos, radio programs, television programs, workbooks, etc.*
Do you prefer this information in English or Spanish?

J. Media-Related Questions

1. Do you read newspapers? Which newspaper(s) do you read?

K. Project Name

1. We are looking for a name for a heart disease prevention program for Latinos. This program will use radio, television, newspapers, health clinics, and community centers to provide information on how a person can have a healthy heart. We want this name to catch your attention, be easy to remember, and make you think of a healthy heart. We have several names for the program. Tell me if you like any of the following names.

- Ponle Corazón
- Ponle Corazón a tu Vida
- En Tus Manos un Corazón Sano
- Salud, Vida y Corazón
- Vive al Ritmo de un Corazón Sano

2. Do you have other suggestions for the project's name?

L. Publication-Related Questions

1. *Show selected NHLBI publications and other publications. Vary the order of presentation for each group. Which of these publications do you like the best? Why?*

2. Which of these publications do you like the least? Why?

3. What do you think of this type of picture? *Show the drawings of the woman reaching for the box and the cans of tomatoes.*

What do you like about it? What do you dislike about it? *Ask if they like/dislike the colors if the participants do not mention the colors of the drawings.*

What do you think of this picture? *Show the "Madres, protejan la salud de su familia" flyer.*

What about this other style? *Show the flipchart pictures.*

4. What do you think of this style for educating people? *Show several photonovela-style materials (e.g., *Cómo Héctor se Enfermó*, AHA photonovela on Signs and Symptoms of a Heart Attack). Show "*Cómo Héctor se Enfermó*" and ask participants, What do you think of using photographs? Drawings? Reverse the order of presentation among the groups.*

5. *Show "Cómo Héctor se Enfermó."* What do you think of this brochure that opens up to become a poster? If you were given this poster, what would you do with it?

The next questions are about the use of bilingual materials.

6. What do you think about bilingual materials?
7. I am now going to show you examples of different styles. *Show "A Su Salud, To Your Health" and "Cómo Héctor se Enfermó."* What do you think of this type that has the English and Spanish information one above the another? What do you like or dislike about it?
8. What do you think about this style that has the Spanish information on one side and the English information on the other? *Show "Madres, protejan la salud de su familia."* What do you like or dislike about it?
9. What do you think about this style that has the Spanish and English information side by side? *Show the Project Salsa cookbook. Vary the order of presentation for each group.*
10. Do you have any other comments about any of these educational materials?

III. PILOT FOCUS GROUP QUESTIONS

- A. Was the discussion too long?
- B. What did you think of the questions? Were they difficult for you to understand? Were they difficult for you to answer?
- C. Were any of the questions too personal? Which ones? Are there any questions you would change? Which ones?
- D. Do you have other information or comments you would like to share?

IV. CLOSING

- A. These are all the questions we have for you. Before we leave, does anyone have other responses or comments about the information discussed today?
- B. Once again, I want to reassure you that everything you said here today is strictly confidential and anonymous. Your names will not be connected to the information given today.
- C. Thank you for coming. The information that you have provided is very important. You have been very helpful to us.

Instituto Nacional del Corazón, los Pulmones y la Sangre
Grupos de Enfoque para el Proyecto Latino

Guía de los Temas de Discusión para los Grupos de Enfoque

I. PREPARATIVOS Y EXPLICACIONES

A. Introducción

1. Bueno(a)s [días, tardes o noches] y bienvenidos a nuestra reunión. Mi nombre es Carmen Moreno. En nombre de [la oficina local], de Yvonne Rivera y mía, quiero agradecerles su presencia en esta reunión.
2. Esta reunión es parte de un proyecto que se realiza junto con otras dos agencias, en el área metropolitana de Washington, para determinar lo que saben los latinos sobre el corazón y cómo mantenerlo saludable. El determinar lo que saben ustedes sobre el corazón y su salud, nos permitirá hacer mejores programas de salud para ustedes y para los demás latinos del área.
3. Durante esta reunión, se les hará unas preguntas relacionadas con el corazón y su salud. Al contestar, por favor expresen sus pensamientos y sus preocupaciones sobre cada una de las preguntas, o sobre cualquier otro tema que esté relacionado con las mismas. Sus opiniones y comentarios son muy importantes para nosotros.

B. Reglas Básicas

1. Por favor recuerden que sus respuestas no serán consideradas ni buenas ni malas. Así mismo, siéntanse en confianza para dar sus puntos de vista y expresar sus sentimientos y sus experiencias personales.
2. Nosotros queremos y necesitamos escuchar a cada uno de ustedes. Entre más información nos brinden ustedes, más nos ayudarán a crear programas de educación sobre la salud del corazón que respondan mejor a sus necesidades.
3. Todos sus comentarios serán bien recibidos -sean positivos o negativos. No habrá ningún problema si dicen que no tienen una respuesta o que no entienden la pregunta. Si no tienen la respuesta a algunas preguntas, también nos ayudarán. Si no entienden la pregunta, por favor, no tengan temor en decir "No sé" o "No estoy seguro de qué me hablan".
4. Si alguno de ustedes opina diferente a otra persona en el grupo, por favor tenga la confianza de compartir lo que usted piensa. Nosotros queremos tener tantas opiniones como sea posible.

5. Es importante ser sincero, pero no tienen que decir cosas íntimas, si eso los pone incómodos.
6. Durante la discusión nosotros no podremos contestar ninguna pregunta relacionada a las enfermedades del corazón, porque no queremos influir en sus respuestas. Nosotros estamos aquí para ver qué saben ustedes, o qué han escuchado sobre el corazón. Nosotros queremos aprender de ustedes. Sus opiniones son muy importantes para nosotros. Si durante la discusión se les ocurre alguna pregunta, por favor esperen hasta el final de la reunión y con gusto les responderemos o les indicaremos dónde les pueden ayudar.

C. Procedimiento

1. Durante esta discusión se usará una grabadora porque necesitamos dar la máxima atención a lo que ustedes dicen. Después, revisaremos la grabación para escuchar con atención sus respuestas a las preguntas. Luego de revisar la información yo escribiré un informe. Por favor recuerden que ustedes no serán identificados de ninguna manera. Comenzaremos a grabar cuando terminemos las presentaciones.
2. Esta discusión es estrictamente confidencial. Todo lo que se escuche o lo que se diga no será compartido con nadie de afuera de este salón. Toda la información se debe quedar aquí. ¿Estamos todos de acuerdo?
3. Esta reunión es una discusión de grupo, de manera que ustedes no tienen que esperar mi llamado para participar. Por favor hablen uno después de otro; de esa manera todos escucharán lo que cada uno tenga que decir y para mí será más fácil escuchar la grabación. Además, por favor, sean respetuosos con los demás participantes y permítanles la oportunidad de hablar. Si alguien tiene voz suave, por favor hable un poco más alto para que sus comentarios puedan grabarse con claridad.
4. Tenemos mucha información que cubrir, por lo tanto es posible que en algún momento tenga que cambiar el tema o cortar una discusión para seguir adelante. Por favor deténganme si quieren dar más información que ustedes consideren importante para nuestra discusión.
5. Nuestra sesión durará unas dos horas. No habrán interrupciones, pero pueden levantarse si necesitan ir al baño.

D. Auto-Presentaciones

1. Comenzaremos presentándonos. Como dije antes, mi nombre es Carmen Moreno, tengo 34 años de edad y nací en los Estados Unidos. He vivido en este país toda mi vida. Estoy casada y no tengo hijos.

2. Ahora, por favor preséntense ustedes. Digan su nombre, su edad, país de nacimiento, años en los Estados Unidos, estado civil y número de hijos, si tienen. Comenzamos con Yvonne y seguimos con la persona que está a su derecha, para luego seguir alrededor.
3. Antes de comenzar nuestra discusión, por favor tomen unos minutos para llenar el formulario que les hemos entregado. Esta información nos permitirá saber más acerca de las personas que participan en estas reuniones. En el formulario se les pregunta el país donde nacieron, la edad, estado civil, qué idioma prefieren hablar y qué idioma prefieren escribir. También se hacen algunas preguntas sobre la salud. Si no saben las respuestas de los temas relacionados con la salud, es correcto responder "No sé". Además, no es necesario que anoten su nombre.
4. Por favor, si alguien necesita ayuda para llenar el formulario que me lo diga. Yvonne y yo le ayudaremos con mucho gusto. ¿Alguien necesita ayuda?

II. PREGUNTAS DE LA DISCUSIÓN

Ahora comenzamos con nuestras preguntas. El primer grupo de preguntas se refiere a las enfermedades del corazón.

A. Enfermedades del Corazón

1. ¿Qué saben ustedes sobre las enfermedades del corazón? Sólo en esta pregunta comenzaremos con un voluntario que me dirá algo de lo que sabe sobre las enfermedades del corazón. Luego seguiré en círculo para tener una respuesta de cada uno de ustedes.
2. ¿Qué otras palabras han escuchado al referirse a una enfermedad del corazón? Yo he escuchado a mucha gente hablar de "corazón grande".
3. ¿Quiénes son las personas más propensas a enfermarse del corazón? ¿Por qué?
4. ¿Han escuchado ustedes el término "factor de riesgo"? Si lo han escuchado, qué entienden por ese término?

B. Prevención

1. ¿Han escuchado la palabra "prevención"? Si la han escuchado, qué significa para ustedes esa palabra? *Si nadie sabe su significado defina: la prevención es hacer ciertas cosas para lograr que usted y su familia no se enfermen.*

2. ¿Creen ustedes que se pueden prevenir las enfermedades del corazón?
¿Por qué? o ¿por qué no? ¿Cómo?

C. Colesterol

1. ¿Quién ha escuchado la palabra "colesterol"? Díganme, ¿qué han escuchado sobre el colesterol?
2. ¿Dónde se encuentra el colesterol? *Pregunte tanto sobre el colesterol en la sangre como sobre el colesterol en los alimentos. ¿Se encuentra el colesterol en el cuerpo? ¿En los alimentos? ¿Son diferentes tipos de colesterol o son los mismos?*
3. ¿Quién creen ustedes que está más propenso a tener colesterol alto en la sangre? ¿Por qué?
4. ¿Han escuchado hablar sobre grasa saturada? ¿Qué han escuchado?
5. ¿Cómo pueden averiguar su nivel de colesterol? ¿Cuál es el nivel aconsejable, o saludable, del colesterol en la sangre? ¿Qué se considera un nivel alto de colesterol?
6. ¿Debe preocuparse una persona que tiene colesterol alto en la sangre o no? ¿Por qué? o ¿por qué no?
7. Si una persona quiere tener un nivel saludable, o aconsejable, de colesterol, ¿qué debe hacer? *Si se menciona "comer menos colesterol", pregunte si es importante alguna grasa en particular. Si no se la mencionan, pregunte "¿debería elegir alimentos bajos en colesterol? ¿Grasa saturada? ¿Qué harían ustedes?"*

D. Presión Arterial Alta

1. ¿Qué han escuchado ustedes sobre la presión alta?
2. ¿Qué otras palabras se usan para describir la presión alta? *Pregunte sobre la presión arterial alta, la presión alta en la sangre, la hipertensión, si no son mencionadas.*
3. ¿Qué personas son más propensas a tener presión arterial alta?
4. ¿Por qué creen ustedes que las personas tienen la presión arterial alta? *Pregunte por razones tales como el susto, los nervios, etc.*
5. ¿Cómo pueden saber las personas si tienen la presión arterial alta? *Pregunte por exámenes para detectar la presión arterial alta.*

6. ¿Qué se considera como presión arterial normal? ¿Qué se considera como presión arterial alta?
7. ¿Cree usted que una persona con presión arterial alta debe preocuparse por su condición o no? *¿Por qué? o ¿por qué no? Pregunte sobre los efectos de la presión arterial alta en el corazón y en el derrame cerebral o apoplejía.*
8. ¿Qué debe hacer una persona para tener un nivel normal de la presión arterial? *Si no se menciona "comer menos sal", pregunte "¿qué han escuchado sobre el comer salado?" Si no se menciona el peso, pregunte "¿el peso afecta a la presión arterial?"*
9. ¿Qué harían ustedes si les pidieran que coman con menos sal? ¿Les sería fácil o difícil? *Trate de hallar qué cosas harían diferentes para comer menos sal.*

Las dos preguntas siguientes se refieren al alcohol.

10. ¿Qué bebidas contienen alcohol?
11. ¿Creen ustedes que el tomar bebidas alcohólicas afecta al corazón? ¿De qué manera?

E. Peso

1. ¿Creen ustedes que el peso afecta a su salud? ¿Cómo? *Trate de averiguar si consideran al peso como una mala o buena influencia en la salud.*
2. ¿A quién consideran ustedes con más posibilidad de tener buena salud, a esta persona (*muestre la figura de una persona delgada*) o a esta otra persona (*muestre la figura de una persona con sobrepeso*)?
3. ¿Por qué creen ustedes que las personas suben de peso?
4. ¿Han escuchado hablar de "calorías"? Díganme ¿qué es lo que han escuchado o qué saben acerca de las calorías? *Trate de averiguar la relación entre calorías y peso.*
5. Si ustedes quisieran *perder* peso, ¿qué harían? Si ustedes quisieran *subir* de peso, ¿qué harían?

F. Dieta

1. ¿Cuáles son los alimentos que ustedes comen en este país y que antes no comían en su país de origen? ¿Con qué frecuencia comen estos alimentos?

2. ¿Salen a comer ustedes? Si es afirmativo, ¿a dónde van a comer? ¿Con cuánta frecuencia salen a comer?

G. Actividad Física

1. ¿Qué quiere decir para ustedes la palabra "ejercicio"? ¿Qué entienden por "actividad física"? *Trate de averiguar si para ellos significa lo mismo o significa algo diferente.*
2. ¿Qué han escuchado sobre el ejercicio y las enfermedades del corazón?
3. ¿Hacen ejercicios? Si es afirmativo, ¿qué tipo de ejercicios hacen? ¿Con cuánta frecuencia hacen ejercicios? ¿Cuánto tiempo emplean, en general, en hacer ejercicios?
4. Para aquellos que no hacen ejercicios, ¿qué les impide hacer ejercicios? *Trate de averiguar si es por falta de tiempo, fatiga, un trabajo físicamente exigente, falta de instalaciones para hacer ejercicios, costos, por no saber cómo hacer ejercicios, etc.*

H. Fumar

1. ¿Qué han escuchado ustedes sobre el fumar? *Si no mencionan alguna enfermedad, pregunte "cuando piensan sobre el fumar cigarrillos ¿qué enfermedades se les vienen a la mente?"* ¿Perjudica al corazón el fumar? ¿De qué manera? ¿Creen ustedes que el fumar provoca el derrame cerebral o apoplejía? ¿Por qué? o ¿por qué no?
2. ¿Cómo afecta el humo de un fumador a las personas que lo rodean? ¿Cómo afecta ese humo a los niños? ¿Cómo se le llama a ese tipo de humo?
3. Si ustedes no quieren que se fume en su casa. ¿Qué harían si alguien enciende un cigarrillo en su casa? ¿Cómo se le puede decir amablemente a la persona que no fume dentro de su casa?

Las siguientes preguntas son para las personas que fuman.

4. ¿Quién fuma cigarrillos? *Si nadie fuma, pase a la pregunta número 7.*
5. ¿Con qué frecuencia fuman ustedes? Usualmente ¿cuántos cigarrillos fuman al día?
6. ¿Alguna vez han tratado de dejar de fumar? ¿Qué han hecho para dejar de fumar? ¿Qué les ayudaría a dejar de fumar?

Haga la pregunta siguiente aunque nadie haya dicho que fuma.

7. Esta pregunta es para las personas que toman bebidas alcohólicas, ¿ustedes fuman cuando beben? Si responden que sí, ¿por qué?

I. Información sobre la Salud

1. ¿Dónde obtienen información sobre la salud? *Averigüe si es de parte de un médico, clínica, farmacéutico, educador de la salud, enfermera, nutricionista, curandera, miembros de la familia, revistas, periódicos, televisión, radio, etc.*
¿Por qué van a ese lugar? *Trate de averiguar qué piensan los participantes sobre los materiales de salud hechos por el gobierno.*
2. ¿En qué forma se les hace más fácil aprender sobre temas de la salud? *Averigüe si es con folletos, panfletos, avisos, artículos en los periódicos, videos, programas radiales, programas de televisión, charlas, etc.*
¿Ustedes prefieren la información en inglés o en español?

J. Preguntas sobre los Medios de Información.

1. ¿Leen periódicos? ¿Qué periódico(s) leen ustedes?

K. Nombre del Proyecto

1. Estamos buscando un nombre para el programa latino de prevención para las enfermedades del corazón. Para dar a conocer la información sobre la manera en que una persona puede tener un corazón saludable, el programa usará la radio, la televisión y los periódicos. Las clínicas de salud y centros comunitarios distribuirán materiales educativos. Queremos que el nombre les llame su atención, que les sea fácil de recordar y que les haga pensar sobre un corazón sano. Tenemos varios nombres para el programa. Díganme si les gusta alguno de estos nombres:

- Ponle Corazón
- Ponle Corazón a tu Vida
- En tus Manos un Corazón Sano
- Salud, Vida y Corazón
- Vive al Ritmo de un Corazón Sano

2. ¿Tienen otras sugerencias para el nombre del programa?

L. Preguntas Relacionadas a Publicaciones

1. *Muestre algunas publicaciones del NHLBI y las otras publicaciones. Cambie el orden en que presenta las publicaciones a cada grupo.*
¿Cuál de estas publicaciones les gusta más a ustedes? ¿Por qué?

2. ¿Cuál de estas publicaciones es la que menos les gusta? ¿Por qué?
3. ¿Qué les parece a ustedes este tipo de figura? *Muestre los dibujos de la mujer alcanzando la caja y las latas de tomates.*

¿Qué les gusta de esa figura? ¿Qué les disgusta de esa figura? *Pregunte si les gustan o no los colores, si los participantes no los mencionan en sus comentarios.*

¿Qué les parece esta figura? Muestre el panfleto "Madres, protejan la salud de su familia".

¿Qué les parece este otro estilo? *Muestre las figuras de la cartilla o rotafolio.*
4. ¿Qué les parece este estilo de materiales para informar a la gente? *Enseñe los diversos materiales tipo foto-novela (por ejemplo Cómo Héctor se Enfermó, la Fotonovela de AHA sobre los Síntomas y Señales de un Ataque al Corazón). Enseñe "Cómo Héctor se Enfermó" y pregunte a los participantes:*
¿Qué les parece a ustedes el uso de fotografías? ¿De dibujos? *Modifique el orden de presentación con los otros grupos.*
5. *Enseñe "Cómo Héctor se Enfermó".* ¿Qué les parece este folleto que se abre para convertirse en póster? ¿Qué harían con este póster si se lo regalaran?

Las siguientes preguntas se refieren al uso de material bilingüe.

6. ¿Qué les parece el material producido en inglés y en español?
7. Ahora les enseñaré ejemplos de varios estilos. *Muestre "A su salud, To Your Health" y "Cómo Héctor se enfermó".*
¿Qué les parece este estilo, con la información en inglés arriba y en español abajo? ¿Qué les gusta de esto, o qué les disgusta?
8. ¿Qué les parece este estilo con la información en español al frente y la información en inglés al reverso? *Muestre "Madres, protejan la salud de su familia"* ¿Qué les gusta de esto, o qué les disgusta?
9. ¿Qué les parece este estilo que tiene la información en español a la par de la información en inglés? *Enseñe el libro de recetas de cocina del Proyecto Salsa. Cambie el orden en que presenta los materiales a cada grupo.*
10. ¿Tienen otros comentarios sobre cualquiera de estos materiales educativos?

III. Preguntas para Grupo Piloto de Enfoque

- A. ¿Que les pareció la duración de la reunión?
- B. ¿Qué les parecen las preguntas? ¿Difíciles de comprender? ¿Difíciles de responder?
- C. ¿Fueron demasiado personales algunas preguntas? ¿Cuáles? ¿Hay alguna pregunta que ustedes cambiarían? ¿Cuál?
- D. ¿Tienen otra información, otros comentarios, que quieran compartir?

IV. CLAUSURA

- A. Éstas son todas las preguntas que tenemos para ustedes. Antes de irnos, ¿tiene alguno de ustedes otras respuestas u otros comentarios sobre la información que hemos discutido?
- B. Otra vez, quiero garantizarles que todo lo dicho aquí es estrictamente confidencial y anónimo. Sus nombres no aparecerán con la información que hemos obtenido hoy.
- C. Gracias por venir. La información que nos han brindado es muy importante. Su cooperación ha sido muy útil para nosotros.

Appendix B

Screening Form

Location _____
Date _____

**National Heart, Lung, and Blood Institute
Latino Focus Group Project**

Screening Criteria

Please complete this set of questions for each person screened.

1. Hello, my name is Yvonne Rivera. I am working on a heart disease prevention program for the National Heart, Lung, and Blood Institute. We are recruiting Latinos who live in {Washington, D.C., Virginia, or Maryland} to participate in discussion groups about heart disease. We are doing these discussion groups because we want to learn what Latinos know about heart disease. These discussion groups will be conducted in Spanish.

Would you be willing to answer a few questions?

- a. yes
b. no

2. *Is the person:* 1. *male* 2. *female*

Ask the potential focus group participants the following questions.

3. How old are you? _____ years

Thank the participant and terminate the interview if the person is younger than 18 years or older than 54 years.

4. What is your marital status?

- a. single c. divorced e. living with someone
b. married d. separated (but not married)

5. Where do you live?

- a. Washington, D.C.
b. Maryland
c. Virginia
d. other

Thank the participant and terminate the interview if the person lives in an area other than Washington, D.C., Maryland, or Virginia.

6. Where were you born? _____

Thank the participant and terminate the interview if the person was not born in a Latin American country.

7. Are you employed? a. yes b. no

Thank the participant and terminate the interview if the person is male and unemployed.

If yes:

- 7a. How many jobs do you have? _____
What kind(s) of jobs do you have?
1. _____
2. _____
3. _____

Only ask the following question of women who are unemployed.

- 7b. Do you do any other work besides your regular housework?
a. yes b. no

If yes, what? _____

Note: If a woman babysits, prepares meals at her home for others, or earns money doing other work in her home, include her in the "No outside job/unemployed" category.

8. What language do you prefer to speak?
a. Spanish
b. English

Thank the participant and terminate the interview if the person prefers to speak English.

9. Do you speak English? 1. yes 2. no

If yes, how well do you speak it?

1. very well
2. fairly well
3. not very well

Thank the participant and terminate the interview if the person speaks English fairly well or very well.

10. What was the last grade of school that you completed?
_____ years completed

Thank the participant and terminate the interview if the person has completed more than a high school education.

11. What is your household income? Please include all income from every household member who earns money.

Use the following guide to determine if household income is less than \$30,000 per year. Use the category that is stated by the individual.

- _____ per week *(household income must be less than \$576 per week)*
- _____ biweekly *(household income must be less than \$1,153 every 2 weeks)*
- _____ monthly *(household income must be less than \$2,500 per month)*
- _____ yearly *(household income must be less than 30,000 per year)*

Thank the participant and terminate the interview if the household income is more than \$30,000 per year.

12. We are conducting an informal discussion group in your neighborhood on {date} to talk about heart disease. The discussion will take place at {time and place} and will last approximately 2 hours. We will pay you \$50 as a way of thanking you for participating in this discussion. Would you be interested in participating?

- a. yes
b. no

If yes, ask the participant for his or her name, address, and telephone number. Explain that this information will be used only to confirm their participation in the discussion group. Their name will not be used for any other reason or purpose. The information that they provide today is confidential and will not be associated with them. If the person decides to participate in the discussion group, the information gathered will be used only to write a report. The report will not include names.

Respondent's Name: _____

Address: _____

Telephone Number: _____

Thank the participant.

Lugar _____
Fecha _____

**Instituto Nacional del Corazón, los Pulmones y la Sangre
Proyecto para el Grupo de Enfoque Latino**

Criterio de Selección

Por favor complete este grupo de preguntas para cada una de las personas seleccionadas.

1. Mi nombre es Yvonne Rivera. Estoy trabajando para el Instituto Nacional del Corazón, los Pulmones y la Sangre, en un programa de prevención de las enfermedades del corazón. Estamos reclutando a personas latinoamericanas que viven en (Washington, D.C., Virginia o Maryland) para que participen en grupos de discusión sobre las enfermedades del corazón. Estamos formando estos grupos de discusión porque queremos saber qué es lo que las personas latinas saben sobre las enfermedades del corazón. Estos grupos de discusión se realizarán en español.

¿Está dispuesto a responder algunas preguntas?

- a. Sí
b. No

2. Sexo: a. Hombre b. Mujer

Haga las siguientes preguntas a los posibles participantes del grupo de enfoque.

3. ¿Cuántos años tiene? _____ años

Agradezca al participante y finalice la entrevista si la persona es menor de 18 años o mayor de 54 años.

4. ¿Cuál es su estado civil?

- a. Soltero(a) c. Divorciado(a) e. Viviendo con alguien
b. Casado(a) d. Separado(a) (sin estar casado[a])

5. ¿Dónde vive?

- a. Washington, D.C.
b. Maryland
c. Virginia
d. Otro

Agradezca al participante y finalice la entrevista si la persona vive en un lugar que no sea Washington, D.C., Maryland o Virginia.

6. ¿Dónde nació? _____

Agradezca al participante y finalice la entrevista si la persona no nació en El Salvador, México, Puerto Rico, algún otro país de Centroamérica o algún país de Sudamérica.

7. ¿Tiene empleo? _____

Agradezca al participante y finalice la entrevista si la persona es un hombre desempleado.

Si tiene empleo:

7a. ¿Cuántos empleos tiene usted? _____
¿Qué clase, o clases, de trabajo(s) tiene usted?
1. _____
2. _____
3. _____

Haga la siguiente pregunta solamente a las mujeres que estén desempleadas.

7b. ¿Tiene algún otro trabajo además de sus tareas domésticas?
a. Sí b. No

Si tiene, diga cuáles _____

Nota: Si una mujer cuida niños, prepara en su casa comida para otros o gana dinero haciendo otro trabajo en su casa, incluirla en la categoría "Ningún trabajo fuera de la casa".

8. ¿Qué idioma prefiere hablar?
a. Español
b. Inglés

Agradezca al participante y finalice la entrevista si la persona prefiere hablar en inglés.

9. ¿Habla inglés? a. Sí b. No

Si es afirmativo, ¿cómo lo habla?

a. Muy bien
b. Bastante bien
c. No muy bien

Agradezca al participante y finalice la entrevista si la persona habla inglés bastante bien o muy bien.

10. ¿Cuál fue el último grado de escuela que completó?
_____ grado.

Agradezca al participante y finalice la entrevista si la persona ha completado algo más avanzado que la educación secundaria.

11. ¿Cuál es el ingreso en su casa? Por favor incluya los ingresos de todos los miembros de su casa que ganan dinero.

Utilice la guía siguiente para determinar si el ingreso en la casa es menor de 30.000 dólares al año. Utilice la categoría que se señala individualmente.

_____ semanal (el ingreso en la casa debe ser menor de 576 dólares por semana)

_____ quincenal (el ingreso en la casa debe ser menor de 1.153 dólares quincenales)

_____ mensual (el ingreso en la casa debe ser menor de 2.500 dólares al mes)

_____ anual (el ingreso en la casa debe ser menor de 30.000 dólares anuales)

Agradezca al participante y finalice la entrevista si el ingreso de todos los de la casa es más de 30.000 dólares al año.

12. El día (fecha) estaremos realizando un grupo informal de discusión en su vecindario, para hablar sobre las enfermedades del corazón. La discusión tendrá lugar en (lugar y hora) y durará aproximadamente dos horas. Nosotros le pagaremos 50 dólares a manera de agradecimiento y retribución por su participación en esta discusión. ¿Le interesaría participar?

- a. Sí
- b. No

Si acepta, pídale al participante su nombre, su dirección y su número telefónico. Explíquele que la información será usada únicamente para confirmar su presencia en el grupo de discusión. Su nombre no será usado por ningún otro motivo ni con otro propósito. La información que brindó hoy es confidencial y no se dará a conocer. Si la persona decide participar en el grupo de discusión, la información reunida será usada únicamente para escribir un informe. El informe no incluirá nombres.

Nombre de la persona que responde: _____

Dirección: _____

Número de teléfono: _____

Agradezca al participante.

Appendix C

Recruitment Criteria

**National Heart, Lung, and Blood Institute
Latino Focus Group Project**

Recruitment Criteria

Geographic Location	One-third each from Maryland, Washington, D.C., and Virginia
Age	18 to 54 years
Marital Status	One-third single and two-thirds married
Language	Spanish dominant
Country of Origin	25% El Salvador 30% South America 25% Other Central American country 10% Mexico 10% Puerto Rico
Work Status	All men employed One-half working women One-half housewives
Gender	One-third men Two-thirds women
Income	Less than 30,000 per year per household
Education	50% high school education 50% less than a high school education

Appendix D
Participant Information Form

Location: _____
Date: _____

**National Heart, Lung, and Blood Institute
Latino Focus Group Project**

Participant Information Form

Please circle or complete the following information for each question.

1. Are you: a. male b. female
2. How old are you? _____
3. Are you:
a. single d. separated
b. married e. living with someone (but not married)
c. divorced
4. How many children do you have? _____
5. What is the last grade of school you completed? _____
6. If you work, what type of job(s) do you have?
a. I do not work outside the house c. _____
b. _____ d. _____
7. What is your total family/household income *per week*?
a. less than \$100 d. \$301 to \$450 g. do not know
b. \$101 to \$200 e. \$451 to \$575
c. \$201 to \$300 f. more than \$576
8. Are you enrolled in any public assistance programs?
a. None e. WIC
b. Food Stamps f. SSI
c. AFDC g. Social Security
d. General Relief h. Other _____
9. In which country were you born? _____
10. How many years have you lived in the United States?
a. Does not apply. I was born in the United States.
b. _____

11. My early life (childhood to teenage years) was spent:
 - a. Only in Latin America (Mexico, Central America, South America, Puerto Rico)
 - b. Mostly in Latin America
 - c. Equally in Latin America and the United States
 - d. Mainly in the United States and some time in Latin America
 - e. Only in the United States

12. In your daily life, which language(s) do you speak most often? (circle one)
 - a. Spanish only
 - b. Mostly Spanish, some English
 - c. Spanish and English equally (bilingual)
 - d. Mostly English, some Spanish
 - e. English only

13. Which language(s) do you prefer to speak? (circle one)
 - a. Spanish only
 - b. Mostly Spanish, some English
 - c. Spanish and English equally (bilingual)
 - d. Mostly English, some Spanish
 - e. English only

14. Which language(s) do you read? (circle one)
 - a. Spanish only
 - b. Spanish better than English
 - c. Spanish and English equally well (bilingual)
 - d. English better than Spanish
 - e. English only
 - f. I do not read

15. How do you feel about your Latino/Hispanic background?
 - a. Very proud
 - b. Proud
 - c. A little proud
 - d. Not proud

16. The programs that you watch on television are: (circle one)
 - a. Only in Spanish
 - b. Mostly in Spanish
 - c. Spanish and English equally
 - d. Mostly in English
 - e. Only in English

17. The radio stations you listen to are: (circle one)
- a. Only in Spanish
 - b. Mostly in Spanish
 - c. Spanish and English equally
 - d. Mostly in English
 - e. Only in English
18. Currently your circle of friends are: (circle one)
- a. All Latino/Hispanic
 - b. Mainly Latino/Hispanic
 - c. Equally Latino/Hispanic and other American groups
 - d. Mainly other American groups
 - e. All from other American groups

Please take a few minutes to answer these questions about health. Your answers will help us to develop better health programs for Latinos. Please keep your answers short. If you do not know the answer to one of the questions, please write "I don't know."

19. Why do you think people get heart disease?

20. Who is more likely to get heart disease?

21. What can a person do to have a healthy heart?

22. What have you heard about cholesterol?

23. What do you think causes a person to get high blood pressure?

24. What have you heard about cigarette smoking?

25. What foods should a person eat to stay healthy?

26. Which television *channels* do you watch regularly?

27. Which television *shows* do you watch on a regular basis?

28. Which radio *stations* do you listen to?

29. What radio *shows* do you listen to on a regular basis?

Thank you very much!

Lugar _____
Fecha _____

**Instituto Nacional del Corazón, los Pulmones y la Sangre
Proyecto para el Grupo de Enfoque Latino**

Formulario

Por favor circule o provea la respuesta a cada pregunta.

1. Sexo: a. Hombre b. Mujer

2. ¿Cuántos años tiene? _____

3. Estado civil:
 a. Soltero(a) d. Separado(a)
 b. Casado(a) e. Viviendo con alguien
 c. Divorciado(a) (sin estar casado[a])

4. ¿Cuántos hijos tiene? _____

5. ¿Cuál es el último grado de escuela que completó? _____

6. Si trabaja, ¿qué clase(s) de trabajo(s) tiene?
 a. Yo no trabajo fuera de la casa c. _____
 b. _____ d. _____

7. ¿Cuál es el ingreso total semanal de su familia/casa?
 a. Menos de 100 dólares d. De 301 a 450 dólares g. No sé
 b. De 101 a 200 dólares e. De 451 a 575 dólares
 c. De 201 a 300 dólares f. Más de 576 dólares

8. ¿Está inscrito en algún programa de asistencia pública?
 a. No e. WIC
 b. Bonos Alimenticios f. SSI
 c. AFDC g. Seguro Social
 d. General Relief h. Otro _____

9. ¿En qué país nació? _____

10. ¿Cuántos años hace que vive en los Estados Unidos?
 a. No aplica. Yo nací en los Estados Unidos
 b. _____

11. ¿Dónde vivió su niñez y su adolescencia?
- Solamente en Latinoamérica (México, Centroamérica, Sudamérica o Puerto Rico)
 - Mayormente en Latinoamérica
 - Igualmente en Latinoamérica y los Estados Unidos
 - Principalmente en los Estados Unidos y poco tiempo en Latinoamérica
 - Solamente en los Estados Unidos
12. En su vida diaria, ¿qué idioma(s) habla con más frecuencia?
- Sólo español
 - En general español, algo de inglés
 - Español e inglés por igual (bilingüe)
 - En general inglés, algo de español
 - Sólo inglés
13. ¿En qué idioma(s) prefiere hablar?
- Sólo en español
 - En general en español, algunas veces en inglés
 - En español y en inglés por igual (bilingüe)
 - En general en inglés, algunas veces en español
 - Sólo en inglés
14. ¿En qué idioma(s) lee?
- Sólo en español
 - En general en español, algo en inglés
 - En español y en inglés por igual (bilingüe)
 - En general en inglés, algo en español
 - Sólo en inglés
 - No sé leer
15. ¿Cómo se siente acerca de su origen latino/hispano?
- Muy orgulloso
 - Orgulloso
 - Poco orgulloso
 - Sin ningún orgullo
16. Los programas que ve en la televisión son: (Marque una letra)
- Sólo en español
 - En su mayoría en español
 - En español e inglés por igual
 - En su mayoría en inglés
 - Sólo en inglés

17. Las radioemisoras que escucha son: (Marque una letra)
- a. Sólo en español
 - b. En su mayoría en español
 - c. En español e inglés por igual
 - d. En su mayoría en inglés
 - e. Sólo en inglés
18. Actualmente sus amigos son: (Marque una letra)
- a. Todos latinos/hispanos
 - b. Principalmente latinos/hispanos
 - c. Tanto latinos/hispanos como de otros grupos americanos
 - d. Principalmente de otros grupos americanos
 - e. Todos de otros grupos americanos

Por favor, dedique algunos minutos para contestar algunas preguntas sobre su salud. Sus respuestas nos ayudarán a diseñar mejores programas de salud para las personas latinas. Por favor, que sus respuestas sean breves. Si no sabe la respuesta a alguna de las preguntas responda "No sé".

19. ¿Por qué cree que la gente se enferma del corazón?

20. ¿Qué tipo de persona es la que tiene más posibilidad de enfermarse del corazón?

21. ¿Qué cree usted que una persona debe hacer para tener sano el corazón?

22. ¿Qué ha escuchado acerca del colesterol?

23. ¿Cuál cree usted que es la causa de la presión arterial alta?

24. ¿Qué es lo que usted ha escuchado sobre el fumar cigarrillos?

25. ¿Qué alimentos cree usted que debe comer una persona para tener buena salud?

26. ¿Qué *canales* de televisión ve regularmente?

27. ¿Qué *programas* de televisión ve regularmente?

28. ¿Qué *emisoras* de radio escucha regularmente?

29. ¿Qué *programas* de radio escucha regularmente?

¡Le agradecemos mucho!

Appendix E
Participant Information Form Findings

National Heart, Lung, and Blood Institute Latino Focus Group Project

Participant Information Form Findings

Participant Information Form Responses

Completion of the data form took the participants between 15 and 25 minutes. Only one person requested that someone complete the form for her because she could not read. Two or three people in each group requested assistance with a few of the questions or requested that someone read the question for them as they filled out the answers. The following paragraphs provide the responses to the data form questions. In several instances, the responses to a given question add up to more than 100 percent. This is a result of participants providing more than one answer to that particular question.

Heart Disease

The majority of participants (72 percent) gave multiple reasons when asked "Why do you think a person gets heart disease?" The reason generally listed was diet related (35 percent). Specifically, 47 percent listed "eating too much fat." Additional diet-related responses included: *"Because they eat too much fat and calories."* *"Because they eat too much. If they eat foods such as fat and pork. A person should only eat fish or chicken."* Failure to exercise or not exercising was the second most commonly listed reason (19 percent). Eight percent of the participants also listed worries, stress, and pressures as reasons why people get heart disease. *"Because of too many worries. Nervous tension."* Other reasons mentioned included weight, heredity, poverty, lack of medical care, blood pressure, smoking, drinking, and "not taking care of one's self." Only one person did not know why people get heart disease. Selected quotes that list multiple responses include: *"It is due to many factors. Among them, cholesterol, smoking, and high blood pressure."* *"Because of a lack of health education and income, which keeps them from seeing a doctor. Poor diet and unfamiliarity with the importance of exercise."* *"Because they do not follow habits of daily exercise, low-fat foods, and rest. They may also be under a lot of pressure or have many problems in their daily life."*

Who Gets Heart Disease

An overweight person was most likely (36 percent) to be listed as someone "who is likely to get heart disease." This was followed by diet-related reasons (22 percent), lack of exercise (14 percent), and smoking (12 percent). Other reasons included being Hispanic; being poor; people who drink, worry, or have high blood pressure, and older adults. Many of the responses listed multiple reasons. These included: *"Obese people, smokers, and people who do not follow a proper diet."* *"Those people with high blood pressure, who also smoke, eat fat, and worry."* *"People who are overweight and those who have high blood pressure."*

How to Have a Healthy Heart

Seventy-three percent of the participants listed diet-related reasons in response to the question, "What can a person do to have a healthy heart?" Of these participants, 40 percent wrote that a person should eat less fat, and 15 percent listed eating more fruits and vegetables. Responses included: *"Be on a diet. Eat vegetables, and do not eat greasy foods."* *"Do not eat too much fat. For example, meat and eggs."* Exercise was listed by 42 percent of the

participants. *"Walk at least 5 or 6 hours a week."* Twenty-three percent of the participants listed going for medical care as one of the ways to have a healthy heart. Not smoking or drinking, avoiding worries and stress, and "taking care of yourself" were also listed as responses. Only two people responded that they did not know how to have a healthy heart. Most of the answers listed multiple ways to have a healthy heart, including: *"A person should take great care of herself in order to be a healthy person. She should exercise a lot and follow a diet."* *"Avoid drinking alcohol, do not smoke, or eat fat. Exercise."* *"Eliminate stress. Learn more about foods. Eat less fat. Exercise and realize that heart disease is of serious consequences."* *"Take care of yourself in whatever way that you can and consult a doctor. Eat less greasy foods."*

Cholesterol

Many of the responses to the question "What have you heard about cholesterol?" ranged from simple (*"It is bad."*) to detailed (*"I believe it is fats that are left behind in the veins and obstruct circulation. This causes a cardiac infarction because the blood does not circulate."*). The responses were also likely to consist of misinformation about cholesterol or misunderstandings about its role in the body. However, most of the responses listed cholesterol as something that affects a person's health and different parts of the body, especially the heart. These responses included: *"It is very damaging to the heart."* *"It is very damaging to our health and very bad for our blood."* Twenty percent listed diet-related responses such as: *"Eggs are bad for you. Greasy foods are also bad for cholesterol. You should eat a diet that consists of salads."* (*"El huevo hace daño. Las comidas grasosas son malas para el colesterol. Debe de mantener una dieta de ensaladas."*) The participants also associated cholesterol with a disease. *"It is a disease that happens when a person eats too much fat and the liver has trouble working properly."*

Other people believed that cholesterol is a fat. *"It is a cap of fat that covers the heart and it can cause death."* *"It is fat that stays in the arteries. This fat hardens and obstructs blood flow to the heart. A good cholesterol also exists."* Nine participants answered, *"I don't know."*

High Blood Pressure

People responded less often and provided much less information to "What do you think causes a person to have high blood pressure?" compared to the other questions. Thirty percent of the respondents answered this question with an "I don't know." Eating a "bad diet" or "eating too much fat" were listed by 25 percent of the respondents as a cause of high blood pressure. Worries, stress, problems, and nerves were given as a cause of high blood pressure by 19 percent of the respondents. Other responses included: *"Anger."* *"Do not get too angry."* *"Work pressures, problems in the home."* Cholesterol was also associated with high blood pressure by 14 percent of the participants. Additional reasons included weight gain, lack of exercise, and smoking.

Smoking

In response to "What have you heard about cigarette smoking?" the participants tended to be quite detailed. They often listed multiple reasons in response to this question. Only one person responded, "Nothing."

Thirty-three percent of the participants responded that cigarette smoking affects the lungs, and 20 percent stated that it affects the heart. Cancer was given as a response by 28 percent of the respondents, and another 14 percent specifically listed lung cancer. Twelve percent of the participants responded with "it is bad" or it is bad for health or a specific body

organ. Interestingly, secondhand smoke-related issues were listed by 11 percent of the participants. (It was never referred to as secondhand smoke, however.) Responses included: *"Smoking causes cancer and contaminates the human body but most importantly it affects people who are around a smoker." "It is a crime because when a person inhales the nicotine they are damaging their respiratory system and their lungs. At the same time, the smoker is contaminating the air that others are breathing. These people are then at risk for the same dangers."*

Healthy Diet

The participants were more likely to list vegetables, fruits, and salad in response to "What foods should a person eat to stay healthy?" Multiple foods were listed by many of the participants. Specifically, vegetables were listed by 58 percent of respondents, fruits by 36 percent, and salads by 11 percent. Eating less fat or low-fat foods was listed by 23 percent of the respondents. Twelve percent thought that they should eat a "balanced diet" or "a little bit of everything in order to stay healthy." Other answers included rice, beans, meat with little fat, fish, and chicken.

Television Channels

The participants were most likely to watch Spanish-language channels. These included Univision, Telemundo, and Channel of the Americas. Twenty-five percent of the participants listed an English-language channel. These included Fox, CNN, ABC, CBS, HBO, and Cinemax.

Television Programming

News was the television program most likely to be watched (42 percent). This was followed by soap operas (19 percent), movies (14 percent), *Cristina* (11 percent), sports (6 percent), *Sábado Gigante* (6 percent), and *Primer Impacto* (5 percent). English-language programs listed included Roseanne, 911, Wheel of Fortune, 20/20, 60 Minutes, and Dateline.

Radio Stations

Radio Borinquen was the radio station listened to most frequently by the participants (61 percent). Twenty-five percent listened to Radio Mundo, and 12 percent did not listen to the radio. English-language stations listed were 95.5, WASH FM, 97.1, and Z107.

Radio Programs

Radio programs listened to by the participants included music (22 percent), news (19 percent), Dr. Elmer Huerta's health program (14 percent), religious programming (6 percent), and Calentando la Mañana (6 percent). Twelve percent of participants did not listen to the radio.