

Cardiovascular Risk in the Vietnamese Community

**Formative Research from
Houston, Texas**



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
National Heart, Lung, and Blood Institute



A collaborative report from the National Heart, Lung, and Blood Institute,
the Asian & Pacific Islander American Health Forum,
and the Research and Development Institute.

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I. Forward

The Healthy People 2010 report outlines the current status of the Nation's health and projected health objectives to be reached by the end of the decade. The two main goals of Healthy People 2010 are to increase the quality and years of healthy life and to end disparities in the burden of disease. The NHLBI is committed to meeting the goals set forth in Healthy People 2010, including ending the burden of disease for all racial and ethnic groups. The Institute has developed programs and initiatives to address high blood pressure, high blood cholesterol, early warning signs of heart attack, asthma, obesity, and sleep disorders.

With this report on the Vietnamese community, we are gaining a greater understanding of just one AAPI subgroup that has been largely overlooked. Between 1975 and 1995, thousands of refugees left Vietnam to build their new life in the United States. The Vietnamese, with the Cambodians and Laotians, make up the largest group of refugees ever to immigrate to this country.

Heart disease is the leading cause of death for all Americans and the second leading cause of death for the Vietnamese population. We now have the opportunity to build partnerships within Vietnamese communities to focus local community action on creating heart disease prevention activities. Through the development and implementation of focused, culturally sensitive and language-appropriate heart health strategies, we can help to prevent the development of heart disease risk factors in Vietnamese communities and help address the Healthy People 2010 goal of eliminating racial and ethnic disparities in heart disease risk. Together, we can make a difference!

Claude Lenfant, M.D.



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II. Executive Summary

Asian Americans and Pacific Islanders (AAPIs) are the fastest growing racial/ethnic group in the United States. They have varying socioeconomic characteristics, levels of acculturation, immigration history, and health profiles. The AAPI population is extremely diverse; its members have ancestral ties to approximately 50 Asian and Pacific Islander nations. Heart disease is the leading cause of death among these groups, but its impact on each group varies.

The National Heart, Lung, and Blood Institute (NHLBI) worked in partnership with the Asian & Pacific Islander American Health Forum (Health Forum) to conduct an assessment of the cardiovascular health status of four AAPIs groups nationwide. The Vietnamese community is the second of four Asian American communities studied. Other populations included in this assessment are Filipinos in Daly City and San Francisco, California; Native Hawaiians in Moloka'i, Hawaii; and Cambodians in Lowell, Massachusetts.

This report focuses on the Vietnamese community in Houston, Texas. Three formative research methods were used to study this community: (1) focus groups with staff and volunteers from a local community service agency, (2) key informant interviews with community leaders, and (3) indepth interviews with community residents conducted by trained bilingual facilitators. This report provides insight into the Vietnamese community's perceptions and knowledge of heart disease, and motivations to making lifestyle changes.

Results from this study indicate that while Vietnamese in the United States are concerned about their overall cardiovascular health, they have little to no knowledge about heart disease or its risk factors. Many are new immigrants and do not seek proper health care services because of language barriers, confusion over the American health care system, financial difficulties, and time constraints. Intervention programs need to incorporate the values and traditions of the Vietnamese culture, be community-based, and start with the basics of taking care of one's heart health and mental health, including making good food choices and managing stress.

III. Introduction

In August 2000, NHLBI funded the Asian & Pacific Islander Health Forum (Health Forum) to conceptualize and implement a formative research project to gain a greater understanding of the attitudes and knowledge of health practices related to CVD among selected AAPI communities. The second of four Asian American ethnic communities in which the research was conducted was the Vietnamese community in Houston, Texas. According to the 2000 Census, Houston has one of the largest concentrations of Vietnamese in the United States, with over 32,000 Vietnamese residing in the city.

There are more than 1.1 million Vietnamese in the United States, making it the fastest growing AAPI subgroup. It has been projected that by the year 2030 the Vietnamese will compete with Filipinos to be the largest AAPI population in the United States.

The information collected under this project was approved as part of the Office of Management and Budget's (OMB) blanket clearance project. Blanket clearance number 0937 was approved and administered by the National Institutes of Health (NIH) as a means to expedite collection of consumer information to enhance program planning and development activities and improve delivery of health information to NIH customers.

IV. Methodology

A. Community-Based Partner

For the Vietnamese needs assessment study, the Health Forum partnered with the Research and Development Institute (RDI), a mutual assistance association in Houston, Texas. RDI was established by a group of Asian refugees with 20 years of resettlement survival experience. RDI serves the Southeast Asian refugee population, including approximately 70,000 Southeast Asians in the Houston area. Among other services, RDI provides health education, English classes, acculturation and adjustment services, as well as small business loan assistance.

B. Data Collection

The data were collected through three methods:

1. Focus group

The focus group participants were RDI employees, other staff, and volunteers. The same staff members conducted individual interviews with key informants and community residents. The focus group was conducted in English but participants, at times, spoke in Vietnamese. The focus group was tape recorded, transcribed, and translated.

2. Key informant interviews

Five key leaders from the Vietnamese community were interviewed. They were born in Vietnam and claimed their national citizenship in Vietnam. Their duration of stay in the United States ranges from 9 – 26 years. All are activists and advocates for the Vietnamese community. They hold important leadership positions such as professor, director, and program coordinator in nonprofit community organizations and religious institutions in Houston. The key informant interviews were conducted in Vietnamese.

3. Community indepth interviews

Twenty-five Vietnamese community residents were interviewed. All but four indepth interviews were conducted in Vietnamese. The others were conducted in English.

C. Instruments

Three sets of questionnaires were developed: focus group questions, key leader questions, and community resident questions. Focus group and key leader questions were designed to capture information about individual experiences and observations on community attitudes and behaviors. The indepth interview questions were designed to capture information about individual health practices. The quantitative data in this report are based on the findings from 25 community residents.

D. Interviewer Training

The training materials used to conduct focus groups in the Filipino community were revised slightly by the Health Forum to make them culturally appropriate for this study. One interviewer at RDI was trained during one 4-hour session to conduct both the key informant and indepth interviews. The principal investigator periodically discussed the progress and provided feedback/advice to the interviewer.

E. Translation of Research Instruments

Step 1: The instruments used to conduct the Filipino cardiovascular risk assessment were reviewed to ensure cultural appropriateness for the Vietnamese cardiovascular risk assessment.

Step 2: RDI staff modified the instruments to make them culturally and linguistically appropriate, reduce repetition, and increase clarity in the interview process. In addition, some questions pertaining to refugee experiences were added. All changes were approved by the NHLBI.

Step 3: Two independent translators were employed to provide a written translation of the revised instruments. RDI staff approved the translations before adopting them for use.

V. Demographics

According to the key leaders, the Vietnamese community in Houston is comprised mostly of older people and youth. The participants in this study, however, varied greatly by age, gender, occupation, and socioeconomic status. The following tables and figures provide a demographic description of the different target groups participating in the Vietnamese project in Houston. Of the 25 community resident participants, 16 were male and 9 were female and 52 percent were 46 years and older (tables 1 and 2).

Table 1—Number of participants by needs assessment methodology, sex, and age

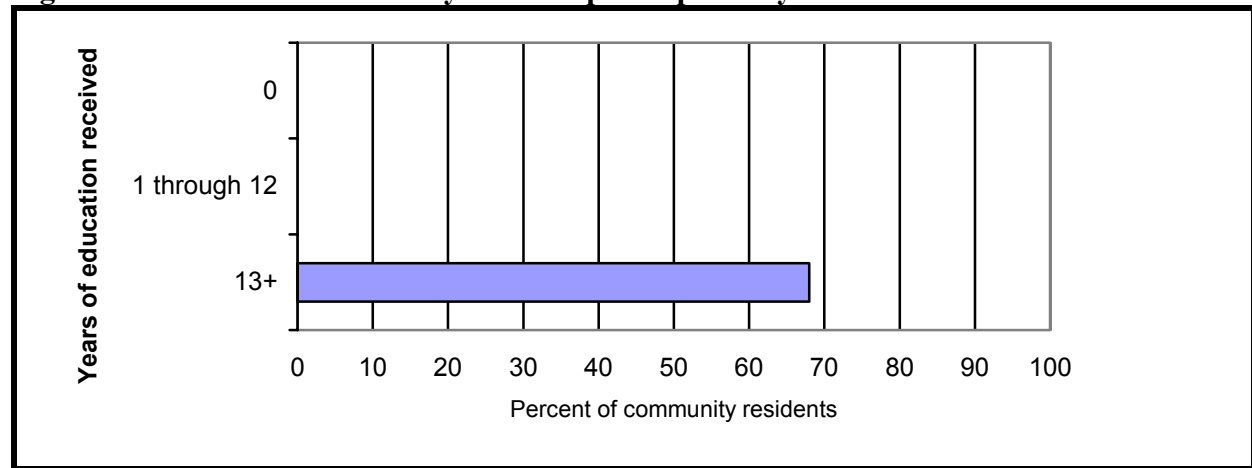
Group	Male	Female	Age range
Focus group	8	3	25 – 72 years old
Key leaders interview	3	2	25 – 71 years old
Community residents interview	16	9	22 – 76 years old
Total	27	14	22 – 76 years old

Table 2—Number and percent of community resident participants by age and sex

Age: Grouped by sample distribution	Male	Female	Total (%)
22 – 29 years old	2	3	5 (20%)
30 – 45 years old	5	2	7 (28%)
46 – 60 years old	6	3	9 (36%)
61 + years old	3	1	4 (16%)
Total	16 (64%)	9 (36%)	25 (100%)

In general, the community residents sampled had high levels of educational attainment. Sixty-eight percent of the participants received at least 13 years of education (figure 1). Not shown in the figure, 75 percent of the males and 44 percent of the females interviewed received at least 13 years of education.

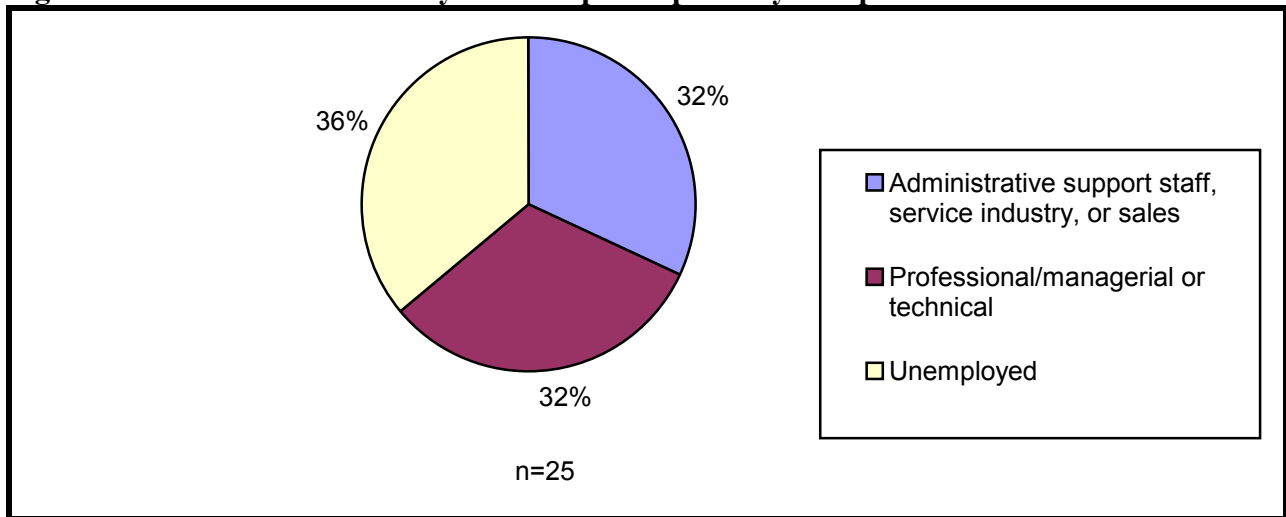
Figure 1—Percent of community resident participants by educational attainment



Of the 25 community residents interviewed, 32 percent were employed as administrative support staff, service industry, or sales and 32 percent were employed in professional/managerial or technical positions (figure 2). Eight percent of those employed reported working more than two jobs. Interestingly, 36 percent reported being unemployed.

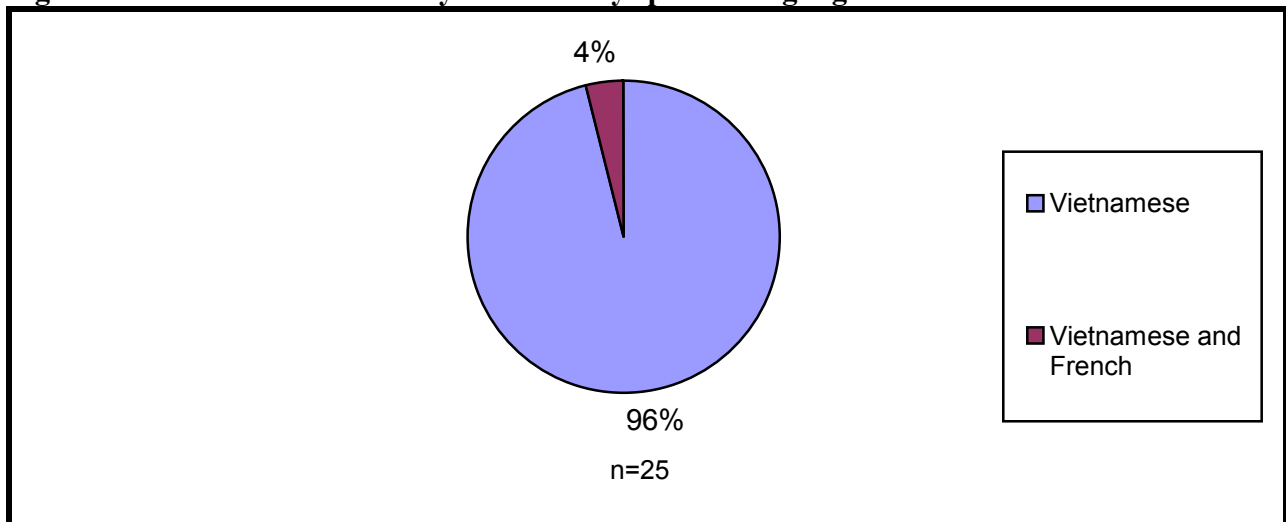
Not shown on this figure is household income and size. The range of annual household income was \$40,001 to \$60,000. The average household size was 6.2 people.

Figure 2—Percent of community resident participants by occupational status



Of the 25 community residents, 96 percent reported that they spoke Vietnamese, and 4 percent speak Vietnamese and French (figure 3). All of the community residents reported that they were born in Vietnam. Two of them are naturalized U.S. citizens. The residents' length of stay in the United States ranges from 1 – 26 years.

Figure 3—Percent of community residents by spoken languages



VI. Results

A. What Does the Heart Symbolize?

The focus group participants described the heart as something beyond a “pump” in one’s body and introduced the concepts of Tam (soul) and Tim (heart). Tam represents how the mind functions in interpersonal communication. Tim pumps the blood, provides nutrition and oxygen, and supports the body. The focus group participants emphasized the importance of finding a balance in one’s life and making the connections between Tam and Tim, explaining that they function together. In other words, having a “good soul, good values, and good morals” will enable one to be stronger mentally and physically. The community residents said the heart symbolizes the following:

- ♥ Love
- ♥ Respect
- ♥ Dedication to your family
- ♥ Soul
- ♥ Inner peace, mentality
- ♥ Happiness

B. Concept of Health

According to the focus group participants, a common saying in the Vietnamese culture is “Good health is golden.” Many people believe that health is a blessing from God, something that must be cared for always. Being healthy generally means eating and sleeping well and may also mean living a happy life. Thus, one has to eat and sleep well, exercise, and take good care of his/her own health. In fact, focus group participants reported that eating well and getting enough sleep leads to good health. In addition, health and religion go hand in hand. As a religious practice, people often meditate, practice yoga, or pray to maintain a healthy mind and body.

Good health means living without pain and being emotionally stable. Although the focus group participants expressed that one must exercise to stay healthy, they said that exercise is considered “more of an image-related issue.” In the Vietnamese community, people do not deliberately exercise when they are healthy because there are no apparent problems. Apart from improving one’s physical appearance, the Vietnamese community views exercise as a way to restore good health, rather than to prevent disease.

C. Prevention and Causes of Poor Health or Illness

According to key leaders and focus group participants, there is a Vietnamese philosophy that “prevention is better than treatment.” By prevention, they generally mean taking care of oneself through exercise, proper diet, and sufficient sleep. The notion of prevention relates to living a good life.

There is a Vietnamese belief that bad health or illness is a part of one’s destiny. Many believe that illness foreshadows negative fortune or bad luck. According to one key leader, most Vietnamese people (in Vietnam and in the United States) do not want to admit that they are sick. Focus group participants added that in the United States an illness is often overlooked because people usually do not get regular checkups.

Focus group participants said that bad health or illness is caused by many different factors, especially improper diet and stress. Some believe that there is a higher rate of illness for Vietnamese in the United States, compared with Vietnam, due to excessive use of chemicals in food production and preparation. Still others believe that there is a lesser rate of illness in the United States because of the abundance and affordability of food.

D. Major Health Concerns

The key leaders identified the following as the major health concerns in the Vietnamese community, where “1” is ranked as the most frequent response (table 3).

Table 3—Major health concerns

1	2	3
<ul style="list-style-type: none"> ▪ Cardiovascular disease (heart disease, high blood pressure, high blood cholesterol) ▪ Diabetes ▪ Lung cancer ▪ Liver cancer 	<ul style="list-style-type: none"> ▪ Stress (anxiety/mental health) ▪ Arthritis 	<ul style="list-style-type: none"> ▪ Allergies ▪ Influenza ▪ Lack of sleep ▪ Stomachache ▪ Tuberculosis

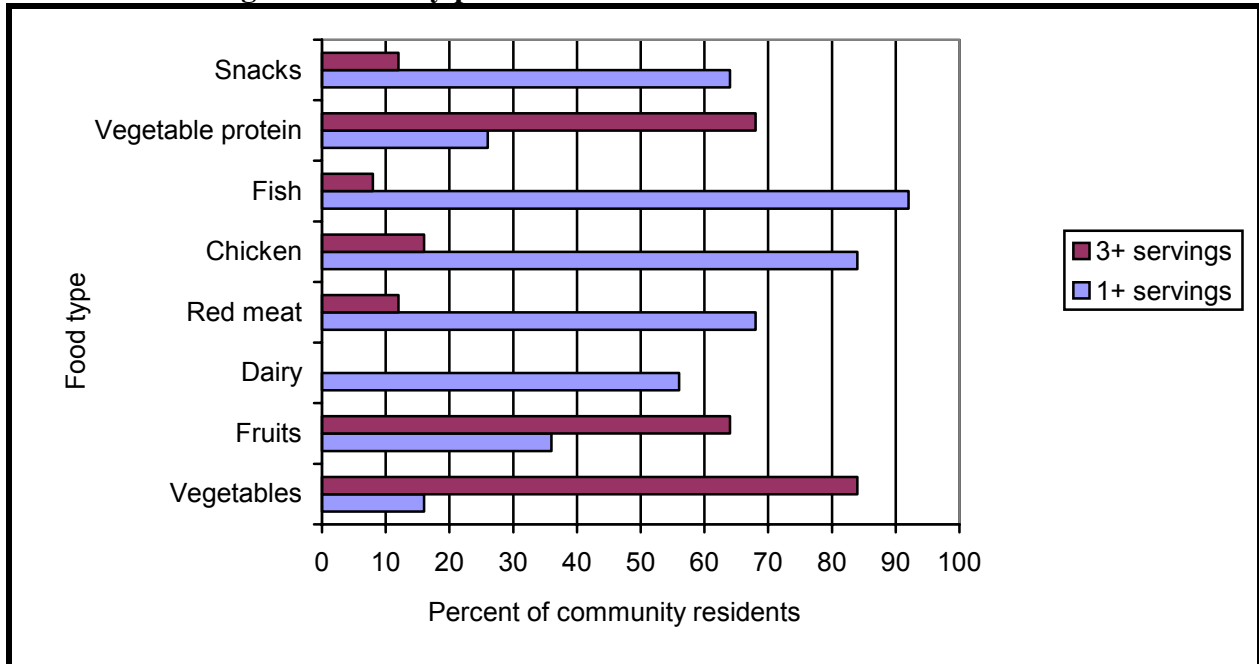
In addition to the list above, focus group participants mentioned malnutrition as another major health concern in the community, particularly for those who lived in refugee camps.

E. Vietnamese Lifestyle in the United States and in Vietnam

i. Nutrition

Each community resident was asked about the type of food they had eaten 2 days before the interview. Generally, the community residents ate healthy, with more than 60 percent of them consuming at least three or more servings of fruits, vegetables, and vegetable protein during those 2 days. Only 12 percent of the residents ate three or more servings of red meat and snacks during those 2 days (figure 4). Not shown in figure 4 is that the 96 percent of the community residents reported eating home-cooked meals during those 2 days.

Figure 4—Percent of community resident participants by type of food reported and number of servings over a 2-day period



The following tables list the types of common ingredients, vegetables, and fruits that are used in traditional Vietnamese dishes.

Table 4—Ingredients in traditional Vietnamese dishes

Fish sauce	Anchovy	Fruit sauce
Soy sauce	Pepper	Quail eggs
Oyster sauce	Herbs	Mint
Pho seasonings	Sugar	MSG
Curry	Lemon grass	Chicken
Salt	Olive oil	Steak
Garlic	Sesame oil/seeds	Soybeans

Table 5—Common vegetables

Green beans	Carrots	Cabbage
Chinese broccoli	Chayote	Cauliflower
Bok choy	Cucumber	Mushroom
Squash	Lettuce	Okra
Corn		

Table 6—Common types of fruits

Banana	Cherry	Durian
Orange	Papaya	Rambutan
Mango	Avocado	Melon
Apple	Kiwi	Strawberry
Peach	Pear	Grapes
Grapefruit	Lychee	Coconut

According to the key leaders, a typical meal in Vietnam includes rice and an average of three dishes—meat (seafood, pork, or beef), vegetables, and soup—with fruit or yogurt for dessert. During special occasions, especially at weddings, food plays a significant role in the festivities. Many dishes are served with alcohol.

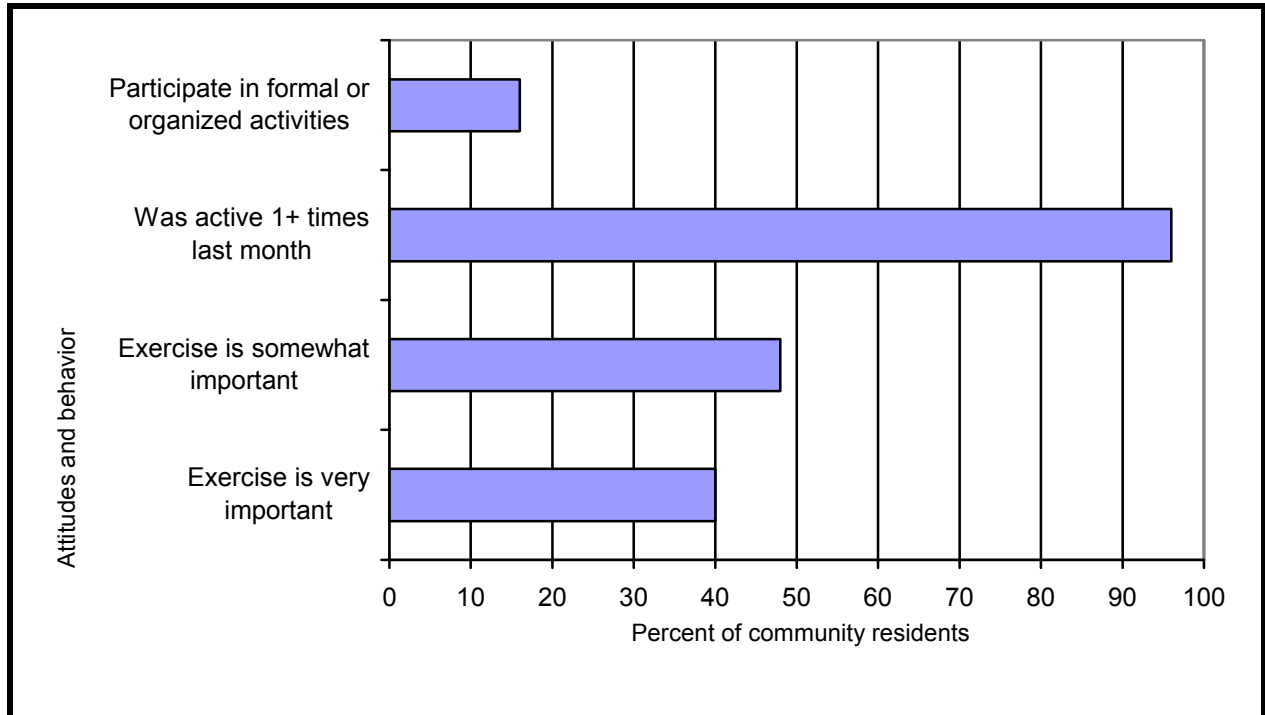
Overall, the key leaders agreed that the typical diet in Vietnam is healthier than that in the United States because it mainly comprises fresh vegetables and fruits. Fresh vegetables and fruits are more affordable in Vietnam, while meat products are more affordable in the United States. As a result, key leaders agreed that the Vietnamese diet in the United States contains more fat because of increased meat purchases. Furthermore, some also saw the availability of unhealthy foods, including alcohol and snacks high in fat (e.g., chips, cookies, ice cream, candy bars, donuts, etc.) as a contributor to poor health in the community. Others, however, saw the abundance of food in the United States as a contributor to better health.

As a whole, focus group participants expressed that it is harder to eat healthier in the United States compared with Vietnam, because a larger variety of cheaper foods are available. Also, the temptation of new flavors and fast food can lead to overeating and a less balanced diet. The focus group participants saw a benefit to this trend in that the Vietnamese eventually return to eating traditional and healthier (meaning more fresh vegetables and fewer processed foods) Vietnamese foods.

ii. Physical Activity

In general, the community residents thought that physical activity was important. While 96 percent of the residents participated in at least one physical activity in the month prior to the interview, only 16 percent of the residents were regularly involved in a formal or organized physical activity but not necessarily at a rigorous level (figure 5).

Figure 5—Percent of community resident participants engaging in physical activity by attitudes and behavior



The community residents were asked about the physical activities in which they were most involved. Table 7 lists those activities.

Table 7—Physical and recreational activities in which residents are most involved

Walking	Aerobics	Golfing
Biking	Gardening	Babysitting
Jet skiing	Running/jogging	Cleaning
Weight lifting	Boxing	Swimming

According to the focus group participants, physical activity in Vietnam is “a given.” The weather is hot there and most people walk or ride their bicycle to their destinations, rather than drive. Most people also engage in physical labor at work. However, exercise is rarely a part of the Vietnamese lifestyle in the United States, according to both the focus group participants and the key leaders, who agreed that people in the community are not aware that physical activity needs to be purposely integrated into one’s life.

The key leaders argued that most Vietnamese in the United States do not exercise regularly because work consumes most of their days, leaving little time for personal activities. Refugees, in particular, have so many things to worry about (e.g., jobs, adapting to a new lifestyle) that exercise is not a major concern. Furthermore, community events involving physical activities are rare. Among the few community-organized events are jogging/walking fundraising activities, tennis matches, and soccer

games. It should be noted that only a small number of people in the community are involved in these formal, organized activities.

Four of the five key informants expressed the opinion that it is not unrealistic to expect that people in the community could exercise 30 minutes on most days of the week. However, the key informants stressed the need to educate the community about the importance of exercise in maintaining health. Two informants said that unless people feel the need to exercise and have someone to encourage their participation, most will continue to live a sedentary life.

The focus group participants also mentioned that the lifestyle in Houston has severely affected the older generation's ability to be active. In Vietnam, older people have a stable sense of community in which they could visit with neighbors and shop for groceries—a place they feel comfortable and safe. In the Vietnamese community in Houston, elderly people live in apartment complexes without a strong sense of community and are isolated from shopping areas. In this environment they are more likely to stay at home and watch television, rather than participate in physical activities. Compounding this problem is the fact that many older Vietnamese take care of their grandchildren while their own children work. Therefore, they have less time to engage in physical activities.

iii. Tobacco

Key leaders said that smoking is a “habit from the homeland” where it is seen as a symbol of strength and power, and that is why many adults in the community smoke cigarettes. Smoking among youth is strongly associated with peer pressure. Key leaders believe the Vietnamese community is not aware of the negative effects of nicotine and tobacco smoke, particularly relating to lung, liver, and throat cancer; secondhand smoke; and other diseases.

Likewise, the focus group participants considered smoking to be a problem in the Vietnamese community. They saw it as socially accepted among many Vietnamese. One participant said that an individual may be looked down on if he/she did not smoke. Men smoke more than women because, as some participants explained, it is not socially acceptable for women to smoke. They said female smokers are often considered “low class.” Although one participant considered smoking to be a habit first practiced in Vietnam, others argued that the tobacco industry in the United States targets minority communities. Focus group participants thought that their community is aware that smoking may lead to lung cancer and cardiovascular disease, but they continue to smoke to relieve stress from family or financial matters.

The community residents were asked about the effects of tobacco on personal health. Table 8 lists their responses.

Table 8—Common perceptions on how tobacco affects health

<ul style="list-style-type: none"> ▪ Makes you cough ▪ Causes illness ▪ Causes bad breath ▪ Makes allergies worse ▪ Bad for teeth
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Of the 25 community residents, two were smokers. Seven of the 25 community residents were former smokers who quit smoking because friends and family members educated them on the negative effects of tobacco use by bringing home educational materials or talking to them about how tobacco could cause illness. Friends and family played a significant role in encouraging other tobacco users to stop smoking. One resident said that he stopped smoking because he witnessed his own father becoming ill as a result of smoking and did not want to have the same experience.

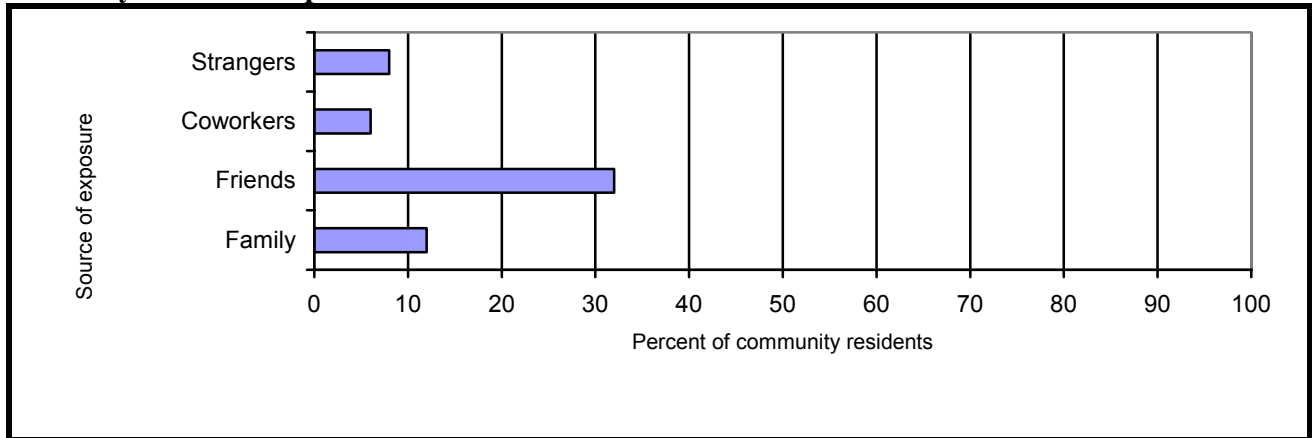
According to the community residents, many common socialization factors influence Vietnamese people to smoke. These factors are listed in table 9.

Table 9—Factors that influence smoking

Social Pressure	Environment	Individual Factors	Media
<ul style="list-style-type: none"> ▪ Peer pressure ▪ Family ▪ Coworkers ▪ Friends 	<ul style="list-style-type: none"> ▪ Social gatherings ▪ Smokers at home ▪ Cultural norm for men ▪ Social norm 	<ul style="list-style-type: none"> ▪ Entertainment ▪ To pass time ▪ Depression ▪ Habit ▪ Build self-confidence ▪ Stress ▪ To feel good 	<ul style="list-style-type: none"> ▪ Books ▪ Magazine ▪ Television and radio ▪ Free promotional items

Among the community residents, 96 percent said they had been exposed to smoke from family, friends, coworkers, clients, and strangers. Thirty-two percent of residents were exposed to environmental tobacco smoke (ETS) through friends, more than all other sources (figure 6). Other residents were exposed to ETS through family members (12 percent), coworkers (6 percent), and strangers (8 percent), figure 6.

Figure 6—Percent of community resident participants exposed to environmental tobacco smoke by source of exposure

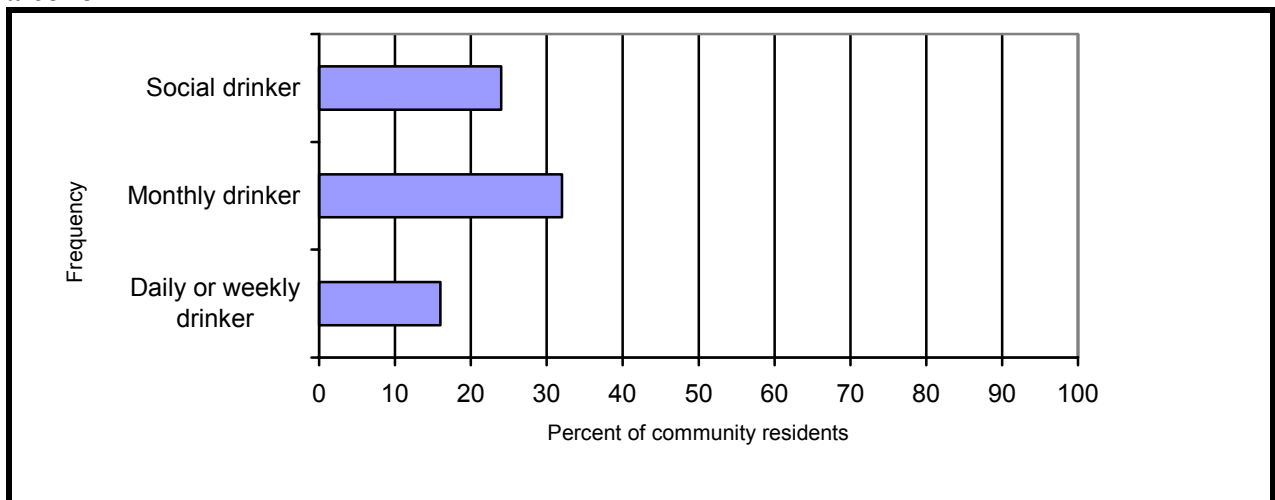


iv. Alcohol

Like smoking, drinking is a prevalent health concern in the Vietnamese community. Focus group participants observed that men drink more often than women do. They said that alcohol helps people relieve their stress and relax their mind and body. The community residents noted how alcohol is readily accessible in the United States. One person said that drinking occurs frequently at gatherings (social drinking), such as wedding parties.

Figure 7 displays the frequency at which the community residents drink. Sixteen percent reported drinking daily or weekly, 32 percent drink monthly, and 24 percent drink at social gatherings (figure 7).

Figure 7—Percent of community resident participants who drank alcohol by type of alcohol



v. Stress

Key leaders, focus group participants, and community residents all agreed that stress significantly impacts their health status. Several factors that increase stress were identified and were consistent among all the three categories of interviewees (see table 10 for common causes of stress).

Financial worries are a major source of stress for the Vietnamese community. Participants commented that in the United States people have to worry about having a job, getting laid off, making monthly payments on a house and car, etc. One person noted that in Vietnam there are fewer financial burdens because people do not have as many luxury items with which to incur debt.

Acculturation and adaptation to the rules of the land and the English language also cause stress. Focus group participants explained that the sources of stress vary from simple things such as being confused by street signs to fearing deportation by the Immigration and Naturalization Service (INS).

Intergenerational problems between parents and children are yet another cause of stress. The independence of children in the United States often worries Vietnamese parents who traditionally play a greater role in their children's social lives. In the United States, children often serve as linguistic and cultural brokers for their parents. They translate for their parents on health, financial, and other matters, which changes their perception of their status within the family. Some children accept this responsibility as a duty of honor and respect for their families, while others feel their parents are less capable and subsequently treat their parents with less respect.

Table 10—Common causes of stress

<ul style="list-style-type: none">▪ Financial worries▪ Acculturation and adaptation▪ Intergenerational problems▪ Work▪ Family▪ School▪ Relationships▪ Communicating in English▪ Worrying about everything▪ Caring for someone who is not well
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The residents were also asked about the ways in which they relieve stress. Table 11 lists their responses.

Table 11—Common methods of stress relief

<ul style="list-style-type: none">▪ Exercising▪ Going out (e.g., to karaoke bars)▪ Praying, going to church or temple▪ Sleeping▪ Spending time with family and friends▪ Drinking alcohol▪ Smoking

Key leaders said that in the Vietnamese culture it is common to “hold in” stress. Containing one’s stress is perceived as a sign of strength and maturity. For example, sadness and depression are rarely talked about because those who are affected tend to keep their problems to themselves. Focus group participants said that although people may deal with stress in different ways, they often resort to tobacco, alcohol, drug dependencies, and gambling to relieve stress.

vi. Mental Health

Focus group participants said that mental health issues exist in the community, most of them relating to the Vietnam War when many Vietnamese experienced traumatic situations such as brainwashing, malnutrition, lack of medication, forced labor, and separation from family. Also, within the culture, people are expected to be strong and “hold in” their problems. If one is unable to face one’s problems, then one usually turns to prayer or meditation.

Those who grow up in the American school system can turn to counselors who encourage them to openly discuss issues. Some resist acculturation, however, and when they do not have enough social support from family or friends, they turn to alternative methods of coping including drugs and gangs.

F. Personal Health

i. Perceptions of Obesity

Key leaders, focus group participants, and community residents all identified a high-fat diet and little exercise as the main causes of obesity. One focus group participant said that in Vietnam the average caloric intake for one person might be 1,000 calories, but the “output would be more than that in a day.” Conversely, in the United States a person may consume 1,000 calories but “output half as much.” Community residents also noted that obesity could be hereditary. Because Vietnamese people are generally petite, there is little discussion about overweight and obesity in the community. Many observe that

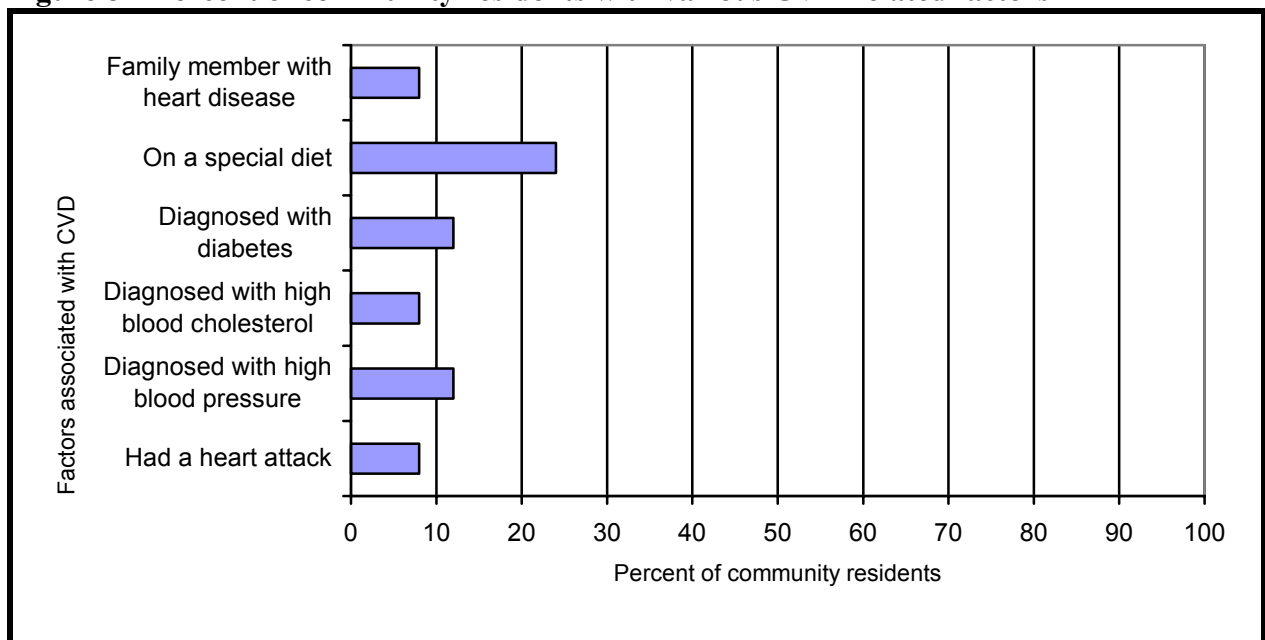
obesity is more common in the Vietnamese community in the United States than in Vietnam.

All the interviewees observed that in the Vietnamese community, there are both positive and negative stereotypes of people who are obese. Obese people are sometimes perceived to be unintelligent, eating more than they should, and some people find obesity shameful and unattractive. Conversely, obesity is also seen as a reflection of one's wealth. It is often believed that people who are obese must be wealthy because they can afford to buy large quantities of food.

ii. Factors Associated With Cardiovascular Disease

All of the key leaders and focus group participants reported that they had known or currently knew someone who had cardiovascular disease (CVD). When the community residents were surveyed, 8 percent had family members with heart disease. In terms of the residents' own heart disease risk, 24 percent were on a special physician-ordered diet; 12 percent had diabetes; 8 percent had high blood cholesterol; 12 percent had high blood pressure; and 8 percent had a heart attack (figure 8). In addition, of the 8 percent who had been diagnosed with high blood cholesterol, one person tested high two or more times. Not shown in figure 8 is that 4 percent of community residents had a stroke.

Figure 8—Percent of community residents with various CVD-related factors



iii. Perceptions of High Blood Pressure

Community residents displayed limited knowledge of high blood pressure. They correctly identified the relationship between overweight and high blood pressure (people with higher body fat are more prone to high blood pressure), but they did not know that having high blood pressure can lead to stroke, heart attack, and kidney and/or eye problems. Because the Vietnamese tend to use more sodium-based sauces in their food, are not active everyday, and drink in excess, it is critical that heart health intervention programs address high blood pressure as a risk factor for heart disease.

iv. Perceptions of High Blood Cholesterol

According to the key leaders, high blood cholesterol is generally caused by high fat content in the blood. One key leader said that cholesterol builds up in the blood stream and blocks the flow of blood in the vessels. All the interviewees admitted to not knowing the causes of high blood cholesterol and stated that a high-fat diet was a major cause. Key leaders and focus group participants reported that most people in the Vietnamese community are unaware of the causes and factors that increase one's chances of developing high blood cholesterol. This finding was confirmed by the community residents.

v. Perceptions of Heart Disease

The key leaders believed that while other ethnic communities may be more educated about heart disease, there is still a lack of awareness about this health issue in the Vietnamese population. Some people experience heart attacks and even die without prior knowledge that they had heart disease. As a result, it is considered one of the most fatal diseases. Some factors identified as causes of heart disease include stress and improper diet, particularly high fat intake. Alcohol and smoking were also stated as causes of heart disease. Because the heart also serves as a symbol of love, feelings, care, and forgiveness, it is apparent that mental/emotional health plays a significant role in heart health. Furthermore, existing cardiovascular problems may often go undetected because many Vietnamese do not get regular checkups.

Focus group participants also said that there is a lack of understanding and awareness of the risk factors associated with heart disease in the Vietnamese community. They said that a majority of people believe that death from heart disease is caused by a "bad wind," a supernatural entity that brings people bad fortune.

vi. Changes in Lifestyle Due to Heart Disease

According to the key leaders, people generally adopt a healthier lifestyle once they are diagnosed with heart disease. The key leaders said that common changes in lifestyle involve eating a healthier diet and exercising more.

Many people also become more compliant with their doctor's recommendations to decrease their risk of a heart attack. However, another key leader said that a diagnosis of heart disease could cause someone to be “even more shocked and worried.” He stated that sometimes people prefer not to know if they have heart disease. Table 12 shows a list of behavior changes people recommended to care for their heart disease.

Table 12—How the Vietnamese community cares for their heart disease

- | |
|---|
| <ul style="list-style-type: none">▪ Exercise▪ Eat well▪ Eat regularly▪ Stay happy▪ Manage stress▪ Tai Chi▪ Boxing▪ Stay away from worries and stress▪ Live one day at a time▪ Stay calm▪ Manage anger |
|---|

vii. Alternative Health Practices

All of the interviewees and focus group participants identified home self-care and traditional remedies as the most common initial treatments for illness. According to key leaders, people usually first visit alternative medicine caregivers (herbalists, massage therapists, and acupuncturists) or purchase over-the-counter medications. Coining, tubing, steam baths, and medicinal herbs are common home remedies. Many people also carry an ointment, which serves as an antibiotic for “bad wind.” In addition to alternative care, spiritual support from churches and temples, meditation, vegetarian diet, and Tai Chi are other practices that are routinely used to maintain health and well-being.

All the research participants agreed that Western medicine is considered when one desires immediate recovery, or when traditional care does not alleviate the problem. At this point, only about half of the people utilize Western medicine. The group agreed, however, that because the United States has more treatment methods and medical equipment than Vietnam, Western medicine may provide a more accurate diagnosis of illness.

G. Health Education and Promotion

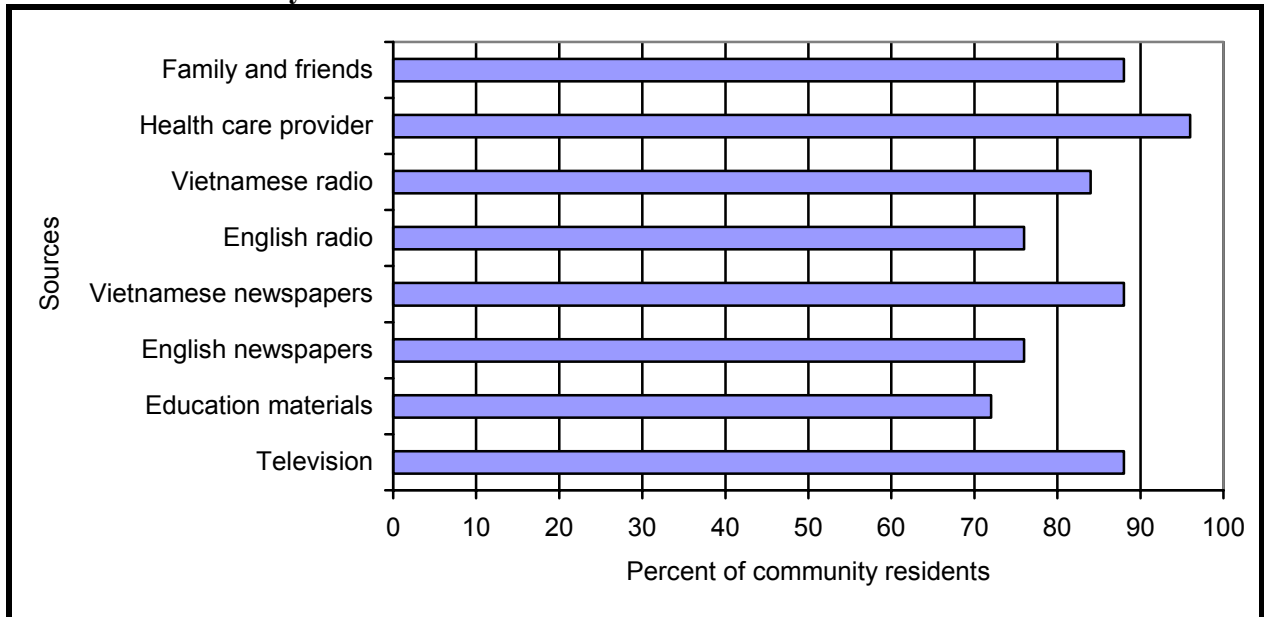
i. Health Information Sources

Of the 25 community residents, 36 percent of residents belong to ethnic organizations. Therefore, many of the community residents felt that it was important to have health information in their native language.

Figure 9 shows the percent of residents who seek health information and from which sources. More residents prefer health information in Vietnamese rather than English, supporting the statement above that health information should be available in the residents' native language.

Not shown in figure 9 is that 76 percent of residents believe that conducting regular community health fairs is important.

Figure 9—Percent of community resident participants who report where they get their health information by information source



ii. Engaging Community Residents in Heart Health

Table 13 lists potential implementation sites community residents say are available for heart health programs.

Table 13—Potential Implementation Sites for Heart Health Programs

<ul style="list-style-type: none">▪ Faith-based programs▪ Children's Health Insurance Program (CHIP)▪ Nonprofit organizations▪ Tai Chi classes via radio shows

iii. Most Frequently Used Services

According to the key leaders, the community generally more often utilizes nonprofit organizations and city- or county-operated hospitals/clinics than all other health care services. In addition, radio public service announcements and newspaper articles are considered credible sources for health information. Private practitioners are usually not utilized by the community residents.

iv. Barriers to Accessing Medical Help or Services

Community residents state that limited access to care is a major barrier. Although there are clinics to serve the community, many of them are not located within walking distance, and people must often rely on public transportation.

Health insurance coverage is another big concern from the community's perspective. Health insurance programs are new to many refugees, since there is no health insurance system in Vietnam. Plus, few people can afford health insurance because it would take up a large portion of the family's budget. Medicaid covers most people who are insured, while lower-income families may be eligible for other types of public assistance. Gold Cards, for instance, are issued by public hospitals in Houston to indigent, non-Medicaid patients.

The community residents were asked about problems they have encountered when accessing medical help or services. Their responses are listed in table 14 below.

Table 14—Problems accessing medical help or services

<ul style="list-style-type: none">▪ Cannot afford high cost of care/insurance▪ Time constraints due to job/family obligations▪ Distance to provider causes transportation problems▪ Language issues between the patient and health care provider▪ Long wait time for an appointment▪ Too much paperwork▪ Too many required laboratory exams

Another barrier to seeking Western medical care is trust. Although Western medicine has recently been gaining the trust of more people, a majority of the population is still

unaware of the need for regular check ups. One focus group participant said that some people are skeptical about the numerous tests conducted in Western medicine. Other participants added that people who get regular medical checkups are perceived as having many problems. Community residents believe that it is unnecessary to see a doctor unless an individual is ill. Moreover, people who have other chronic diseases, such as HIV/AIDS and cancer, are also reluctant to see a doctor.

VII. Discussion

Findings from this cardiovascular health needs assessment will aid the development of future heart health programs in the Vietnamese community. This section discusses specific ideas for prevention and intervention programs recommended by focus group participants, key leaders, and community residents.

- *Improve health care access*

Community residents say that community health care services are not being utilized because existing services do not meet the needs or are not free to the community. The residents recommended that screenings (e.g., blood pressure) offered at little or no cost, transportation assistance, language services, and tailored programs for the elderly be made available to the community.

- *Improve the quality and access of health information*

Current education efforts have not been effective in increasing awareness and knowledge of CVD risk, particularly for new immigrants. Public service announcements on Vietnamese radio and in Vietnamese newspapers are excellent sources of health information. Free, easy to read bilingual pamphlets and brochures, placed at physicians' offices and community health clinics, are also good sources of health information.

- *Promote the traditional Vietnamese diet for healthy eating*

As the Vietnamese acculturate into the American lifestyle, there is a tendency to disregard the traditional Vietnamese diet and adopt a high-cholesterol and high-fat Western diet. Intervention programs and health education materials need to be tailored to promote the healthy qualities of traditional Vietnamese food (more fresh vegetables and fruits and less processed foods) and encourage people to consume smaller portions similar to those in Vietnam.

- *Teach ways to incorporate physical activity into daily life*

According to the key leaders, community classes and workshops can help promote physical activity and demonstrate the types of exercises people can easily incorporate into their daily life. Classes and workshops need to instruct people on how to make time to exercise, how to get started, how to monitor progress, and how to provide participants with support and encouragement. Community residents recommend programs that initiate group activities (gardening club for seniors and running or tennis for youth) in addition to individual physical activities.

- *Improve smoking cessation programs*

Tobacco use is a big concern for the Vietnamese community. Community residents say that better programs are needed for tobacco cessation and education on the harmful effects of tobacco smoke on cardiovascular health. They suggested having community workshops, brochures, and public service announcements in Vietnamese and English. Residents also said that a person's decision to stop smoking is often prompted by the experiences of family and friends so health promotion materials that feature testimonials of Vietnamese people, particularly men, would also be effective.

- *Improve programs that address excessive drinking*

Key leaders and focus group participants suggested that intervention programs to reduce alcohol use should be similar for those used for tobacco cessation, particularly when addressing risks for CVD or liver cancer. Use of alcohol is very popular during special occasions like birthdays and weddings. Educational materials depicting Vietnamese celebrations should provide alternatives to alcoholic drinks and also encourage people to drink in moderation if they must drink.

- *Teach coping strategies*

Stress and mental health are major issues for any refugee community. Programs teaching people how to cope with financial burdens, language barriers, acculturation, etc., can give people greater ability to take care of oneself and one's family. Key leaders believe that achieving balance in one's life can lead to balance in one's health.

- *Increase the number of mobile clinics in the community*

Focus group participants recommended mobile clinics to reach people with limited access to health care services and to accommodate working people who are too busy to see a health care professional. RDI staff reported that mobile clinics are convenient and successful in serving the community.

- *Hold prevention and intervention programs at faith-based organizations*

The focus group participants recommended having health fairs at temples and churches. According to one key leader, most Vietnamese are Buddhist; however, about 30 percent of Vietnamese are Catholics. Focus group participants added that people come together at temples and churches to be with family members and for spiritual happiness. Most Vietnamese people see religion as a part of their cultural heritage and identity, and many participate in activities held by religious organizations. In particular, the New Year celebration (Tet) is one of the most popular community events.

- *Offer school-based programs*

The focus group participants recommended establishing outreach programs at schools. Most children bring health information from school back home and explain it to their parents, who are not fluent in English. This creates leaders among children and also increases communication between children and their parents.

- *Reach out to individuals*

Both the key leaders and focus group participants agreed that individual outreach in the community is more effective than sending out brochures. They suggested going into the various

neighborhoods in the community to give presentations, enabling community residents to ask questions directly. This tactic helps to build trust. Gaining the community's trust is a crucial step to providing care to the community. Should an outside agency want to conduct outreach programs to the Vietnamese community, it is recommended that faith-based organizations or community-based organizations collaborate with that agency to facilitate activities and to help establish trust.

VIII. Limitations of the Study

- The tape recorder documentation was incomplete, but handwritten notes augmented the report from the focus group session.
- A larger number of middle-income residents was selected than lower-income residents. The interviewer felt that the sample was representative of the Vietnamese constituents that RDI serves. The Health Forum principal investigator, however, felt that the sample did not accurately represent the socioeconomic demographic of the Vietnamese community because a large segment of the Vietnamese population in Houston, Texas is from low-income families.
- More indepth information on the traditional Vietnamese diet is needed. A list of traditional dishes as well as descriptions of food preparations can help evaluate how Vietnamese dietary practices affect heart health.

IX. Conclusion

Before coming to the United States, the Vietnamese community was predominantly a refugee community where malnutrition and forced labor once was a way of life. After immigrating to the United States, problems adjusting to a Western lifestyle have become the community's highest priority. However, living a heart healthy lifestyle is not forgotten because cardiovascular health is a top concern for this community.

As the Vietnamese population in the United States continues to grow, it is encouraging to know that the community is being supported, particularly on issues relating to refugee resettlement and adjustment. Programs to overcome language barriers, and to address transportation issues, financial planning, business development, and money management are available. These programs are ideal networks for beginning discussions about reaching the Vietnamese community to promote heart health activities.

X. Appendices

Appendix A: Informed Consent Forms

Focus Group

Contact person(s): Name
Address
Phone number

Thank you for your interest and willingness to help us. You are being asked to participate in a discussion group. We hope to learn more about better ways to reach people in the community. We want to do this by better understanding your health, your health attitudes and beliefs, and your local community health services. We do not expect these discussion questions or the interview to cause you any discomfort.

If you decide to volunteer, you will be asked to participate in a discussion group that should require about 1 to 2 hours.

Participant's Initials: _____

You will receive \$30 for your invaluable input and participation. Also, this community assessment may have implications for prevention of heart disease and development of interventions to improve the health of the community.

You will not be asked to provide your name or any other identifying information on the questionnaires.

If you feel uncomfortable at any time, you should feel free to leave the discussion or interview.

Participant's Initials: _____

Permission: Your signature, below, will indicate that you have decided to volunteer as a discussion/interview participant and that you have read and understood the information provided above.

Signature of Participant _____
Signature of Investigator _____

Date _____
Date _____

Key Informant Interview

Contact person(s): Name
Address
Phone number

Thank you for your interest and willingness to help us. You are being asked to participate in a discussion group. We hope to learn more about better ways to reach people in the community. We want to do this by better understanding your health, your health attitudes and beliefs, and your local community health services. We do not expect these discussion questions or the interview to cause you any discomfort.

If you decide to volunteer, you will be asked to participate in a discussion group that should require about 1 to 2 hours.

Participant's Initials: _____

You will receive \$20 for your invaluable input and participation. Also, this community assessment may have implications for prevention of heart disease and development of interventions to improve the health of the community.

You will not be asked to provide your name or any other identifying information on the questionnaires.

If you feel uncomfortable at any time, you should feel free to leave the discussion or interview.

Participant's Initials: _____

Permission: Your signature, below, will indicate that you have decided to volunteer as a discussion/interview participant and that you have read and understood the information provided above.

Signature of Participant _____
Signature of Investigator _____

Date _____
Date _____

Indepth Interview

Contact person(s): Name
 Address
 Phone number

Thank you for your interest and willingness to help us. You are being asked to participate in a discussion group. We hope to learn more about better ways to reach people in the community. We want to do this by better understanding your health, your health attitudes and beliefs, and your local community health services. We do not expect these discussion questions or the interview to cause you any discomfort.

If you decide to volunteer, you will be asked to participate in a discussion group that should require about 1 to 2 hours.

Participant's Initials: _____

You will receive \$15 for your invaluable input and participation. Also, this community assessment may have implications for prevention of heart disease and development of interventions to improve the health of the community.

You will not be asked to provide your name or any other identifying information on the questionnaires.

If you feel uncomfortable at any time, you should feel free to leave the discussion or interview.

Participant's Initials: _____

Permission: Your signature, below, will indicate that you have decided to volunteer as a discussion/interview participant and that you have read and understood the information provided above.

Signature of Participant _____
Signature of Investigator _____

Date _____
Date _____

Appendix B: Training Materials

Key Informant Interview Training Protocol

1. Go over the purpose of the program and the scope of the study.
2. Discuss the target population.
3. Talk about the questionnaire.
4. Talk about using a conversational interview style.
5. Mention that the interview will be tape recorded.
6. Stress the importance of neat handwritten notes.
7. Talk about the cultural and linguistic appropriateness of the interview protocol.
8. Take a break.
9. Practice role-playing the interview, following my example. Go over the following steps.
 - a. Make an appointment.
 - b. Create a timeline.
 - c. Find a location for the interview.
 - d. Arrange for travel to the interview site.
 - e. Confirm with the interviewee the day before the interview.
 - f. Sign the informed consent form.
 - g. Conduct the interview.
 - h. Look at NHLBI materials.
10. Find a partner with whom to practice.
11. Discuss any further modifications or issues.
12. Schedule a followup training if needed.

Key Informant Interview Training Handout

Purpose

To collect information about community health needs, knowledge, attitudes, behaviors, and cultural beliefs and practices about having a healthy heart and preventing heart disease from four Asian American and Pacific Islander groups. These ethnic groups include Filipino, Vietnamese, Cambodian, and Native Hawaiian. The information obtained through active community participation will be used to guide the development of culturally and linguistically appropriate resources to increase the community's awareness of heart disease and encourage heart healthy behaviors.

- Personal and demographic information
- Health education
- Community health services

It is very important that you write your notes neatly so that we can read them later. Please write your notes in English, or translate them afterward into English.

Who Should Be Invited to Participate in a Key Informant Interview?

Some of you will be doing key informant interviews. Each community-based organization (CBO) should interview **two key informants**. Key informants should be people who are seen as leaders in the Vietnamese community. They may hold a position of leadership (e.g., a director of a program, political leader, active teacher) or they may be leaders through their efforts outside of a formal job (i.e., a person who is active in the community but is not necessarily paid to do their community work).

Cultural and Linguistic Appropriateness

Together, we will review the questionnaire for cultural and linguistic appropriateness. Each interviewer may have his/her own style and opinion about how useful the questions are and whether they are culturally appropriate. We will go over the questionnaire (English and in the native language) section by section and discuss it. If we agree upon the modifications, we will hand mark them on the forms. The revised questionnaire will be used for the interview.

Pre-Interview

It is important to call people right away to schedule interviews. You can tell them they have been identified as a leader in the community, and that you would like to interview them to learn more about heart health and the Vietnamese community. You can inform them that the program is sponsored by the National Heart, Lung, and Blood Institute and is partnered with the Asian &

Pacific Islander American Health Forum and your CBO. They will receive \$20 as a token of appreciation for doing the interview. You can let them know that the interview should last about 1 hour and 15 minutes. Tell them that their names will not be used, but the information they provide will help develop health promotion programs for Vietnamese. Let them know that you would like to audiotape the interview to ensure that we capture everything they discuss in the interview.

Tell them when you are available, and see if they can interview during one of those times. Please schedule for 1.5 hours of their time, and let them know where the interview will be (e.g., at your CBO or at their office, if you are willing to travel). Make sure you have some time before and after the scheduled interview time, in case the person comes late or if the interview runs long.

Confirm appointments: Call them the day before or the day of the interview to confirm they can still do the interview. It really helps to do this, so that they know when they are coming. If there is a problem, you can reschedule.

At the Interview

Thank them for coming to the interview. Tell them you will be interviewing them about health issues, but first you would like them to look at the informed consent form and sign it. Briefly describe the informed consent form. They can look at it as you talk. Give them time to read it themselves, and to ask you questions if they have any. If they agree to do the interview, they need to initial and sign the form. You will keep one copy and, they will keep the other copy.

Tape recording: The questions in this interview are designed to gather a lot of information from each person. We want to hear their opinions, their experiences, and their ideas for their community. Because of this, we would like to you to tape record the interview. You will need to ask consent from the person. If they say no, then we will rely solely on your notes. If they say yes, then you can have them initial the informed consent form giving their consent for tape recording. You can then begin recording.

Note-taking: It is very important for you to take neat notes while you are interviewing the key informants. It is especially critical if they do not agree to be tape recorded.

Advice about the Interview Process

Open-ended questions: Open-ended questions are questions that do not have a yes/no or black/white/brown answer. An example of an open-ended question would be if I asked you, “What kind of fruits do you like?” The person can answer however they like, such as, “I like papaya, mango, and bananas.” They can also answer, “I don’t like fruit at all.”

On the other hand, closed questions are useful when you are asking a lot of people the same questions. You want to give them choices, so that you can analyze what a large group of people

said about something. For example, if I ask you, “Do you like apples or bananas better?” I have only given you two choices that are predetermined. You can say either apples or bananas. This is an example of a closed question. In the indepth interview questionnaire, there are many multiple-choice questions (questions that have a set number of answers are also closed questions) such as, “How stressful is your life?” Possible responses could be: (a) not stressful, (b) a little stressful, (c) somewhat stressful, and (d) very stressful. If I asked this question to a group of soldiers stationed in Virginia, where there is no current military conflict, I could add up their answers and have a pretty good sense of how stressful their lives were. Then I could ask a group of soldiers stationed in the Middle East, where there is conflict, and I would be able to compare their answers with those of the soldiers in Virginia. We could guess that where there is military conflict, there might be more stress. Multiple-choice questions are helpful when asking general questions for larger groups of people.

You can still make comparisons when you ask open-ended questions, but the type of information you gather with open-ended questions tells you more information about a certain subject. For example, I could ask the soldiers, “What causes you stress in your job?” Their answers would give me more depth (more information about one subject). But, it would be harder to ask a group of 300 soldiers in each place to tell me what causes their stress, and then to put together all of their answers in a simple fashion. We would have to take into consideration complex answers like, “missing home because they just had their first child; a particular supervisor doesn’t like them; the food is bad; they have allergies to a certain plant in the region.” These kinds of answers are very rich in telling us about their experiences, but it would be hard to say that most soldiers are stressed because of one reason.

In summary, open-ended questions and closed questions have different purposes. During the key informant interview, you will ask mostly open-ended questions, because we are interested in detailed information about certain subjects from a few people. During the indepth interview, we are looking for detailed information about some subjects, but also simple categories of information on other subjects for comparison with larger numbers of people. So, for the open-ended questions you will take notes, and for the closed questions you will circle a choice.

Use examples: Sometimes it can be helpful to use examples. The problem with giving examples right away is that once people hear the examples you read, they tend to pick one of those choices. If you do not give them those examples, they are likely to answer their own way. For instance, if I ask you, “Whom do you generally go to when you feel sick? For example, the doctor or your mom.” The person may respond by saying the doctor when, in fact, they may actually tend to look up their illness in a book. But, because you gave them an example, they picked one of them. Psychologically, this is called “leading” (leading someone to a certain answer by persuasion).

Examples are also helpful when the question is unclear to vague. For instance, I may ask, “What are some cultural practices to treat illness that you were raised with?” The person may wonder what you mean by cultural practices. You could clarify by saying, “For example, in the Chinese culture, some people see an herbalist. Are there things that people do in the Vietnamese culture do to treat illness that are different from the American culture?” By giving an example, I can show the person what type of question I am asking, because somehow the question was not clear.

Again, use examples with caution because they can psychologically lead people to pick the examples you gave.

Completing the Interview

After asking the key informants if they have anything else they would like to add (take notes if they do have things to add), thank the person for their help and for their time. Give them the \$20 dollar stipend. Remind them that if they have any questions, they can contact the person listed on the informed consent form.

Indepth Interview Training Protocol

1. Go over the purpose of the program and the scope of the study.
2. Discuss the target population.
3. Talk about the questionnaire.
4. Talk about using a conversational interview style.
5. Discuss reading most questions directly. Food questions accompany the calendar, which is filled in after the interview is over.
6. Stress the importance of neat handwritten notes.
7. Talk about the cultural and linguistic appropriateness of the questionnaires.
8. Take a break.
9. Practice role-playing the interview, following my example. Go over the following steps.
 - a. Make an appointment.
 - b. Create a timeline.
 - c. Find a location for the interview.
 - d. Arrange for travel to the interview site.
 - e. Confirm with the interviewee the day before the interview.
 - f. Sign the informed consent form.
 - g. Conduct the interview.
 - h. Look at NHLBI materials.
10. Find a partner with whom to practice.
11. Discuss any further modifications or issues.
12. Schedule a followup training if needed.

Indepth Interview Training Handout

Purpose

To collect information about community health needs, knowledge, attitudes, behaviors, cultural beliefs, and practices about having a healthy heart and preventing heart disease from four Asian American and Pacific Islander groups. These ethnic groups include Filipino, Vietnamese, Cambodian, and Native Hawaiian. The information obtained through active community participation will be used to guide the development of culturally and linguistically appropriate resources to increase the community's awareness of heart disease and encourage heart healthy behaviors.

Who Should Be Invited to Participate in the Indepth Interviews?

- Adults, age 18-50 years
- Females and males (equal numbers)
- Immigrant and second generation Vietnamese Americans (equal numbers)
- High school education or less
- Low-income individuals (equal between people with an annual household income of \$5,000 to \$15,000 and people with an annual household income of \$15,001 to \$35,000)

As a group (community-based organization) you will need to interview **20 people** between ages 18-50, not college educated, and with a fairly low income. We ask for equal numbers of men and women and equal numbers in the education and income area to get a variety of people and experiences. It may be difficult, however, to find participants that match all the criteria.

The Indepth Interview

This is called an indepth interview because you will be gathering detailed information about an individual's life including:

- Physical activity
- Eating behaviors
- Tobacco and alcohol use
- Health history
- Personal and demographic information
- Health education
- Community health services

Please remember that you are having a real conversation with the person. Imagine you are really curious about a friend and you decide to find out as much as possible from him or her. It will be more fun for both you and the person being interviewed if you talk about the issues with genuine interest.

You can read most of the questions out loud and circle or write down their response. The one section that is different is the food section.

It is very important to write your notes neatly so that we can read your notes later. Please write your notes in English, or translate them afterward into English.

Cultural and Linguistic Appropriateness

Together, we will review the questionnaire for cultural and linguistic appropriateness. Each interviewer may have his or her own style and opinion about how useful the questions are and whether they are culturally appropriate. We will go over the questionnaire (English and in the native language) section by section and discuss it. If we agree upon the modifications, we will hand mark them on the forms. The revised questionnaire will be used for the interview.

Pre-Interview

It is important to call people right away to schedule interviews. You can tell them that you would like to interview them to learn more about Vietnamese health and that they will receive \$15 at the end of the interview. You can let them know that the interview should last about 1 hour and 15 minutes. Tell them that their names will not be used, but the information they provide will help develop health promotion programs for Vietnamese.

Tell them when you are available, and see if they can interview during one of those times. Please schedule for 1.5 hours of their time, and let them know where the interview will be (e.g., at your community-based organization or at their house, if you are willing to travel). Make sure you have some time before and after the scheduled interview time, in case the person comes late or if the interview runs long.

Confirm appointments: Call them the day before or the day of the interview to confirm they can still do the interview. It really helps to do this, so that they know when they are coming. If there is a problem, you can reschedule.

At the Interview

Thank them for coming to the interview. Tell them you will be interviewing them about health issues, but first you would like them to look at the informed consent form and sign it. Briefly describe the informed consent form. They can look at it as you talk. Give them time to read it themselves, and to ask you questions if they have any. If they agree to do the interview, they need to initial and sign the form. You will also sign the form. You will keep one copy, and they will keep the other copy.

Doing the Indepth Interview

It will be helpful to sit with the person at a table or desk. Sit facing the person, but be flexible to move so that they can see the form. They may, at times, want to see the questions themselves to jog their memory for answers.

Section A—Physical Activity: These are simple questions. Be aware that many people are physically active, but they do not think of it as physical activity because it is not “exercise” or “sports.” For example, for many people, their paid work involves physical activity (e.g., custodians/janitors walk a lot; construction workers exert a lot of energy building; caretakers of young children chase children all day; housekeepers pick up and do physical cleaning). Similarly, people can also be active for nonpaid work (e.g., taking care of one’s own small children; doing lots of laundry; gardening; cooking and cleaning). Please make sure you ask about these kinds of activities in addition to the activities many people think of, such as basketball, swimming, Tai Chi, etc.

Section B—Eating Behaviors: The instructions for Section B are on the form. We will go through those together. Basically, you are given two calendar sheets. On the first one, you will fill out information about what the person ate the day of the interview (today), and the previous 2 days (yesterday and the day before). In your Section B instructions (page 56), you will see questions you can read aloud, and also a list of the types of foods to ask about. These are prompts, which are to help you and the person remember different categories of food as they tell you what they ate.

We are very interested in the ethnic foods they eat, particularly from the Vietnamese culture. We are also interested in who generally cooks the food they eat (i.e., do they eat out most of the time, or does the mom in the household do most of the cooking). After you take note of the foods they ate over the 2 days (2-day data), then you can use the second calendar sheet to discuss a typical week for them. We are interested in asking them about a typical week because what they ate in the last 2 days may be unusual for them (i.e., perhaps he or she was sick so he or she ate less than usual, or work has been busy so he or she ate a lot of fast food). Remember to use your prompts to cover “who cooks,” what types of ethnic foods, and categories of food such as fruits, fish, grains, etc. After you finish discussing a typical week (“typical week data”), return to page 57 and resume asking questions B1 to B3.

At the **end of the entire interview**, you will go to page 63, and fill out the answers to the food questions based on the 2-day data. Please note we are not asking about alcoholic beverages on these charts. That is the next section.

Section C—Tobacco and Alcohol Use: This section includes detailed questions about the interviewee’s current behaviors and past history of using tobacco and drinking alcohol. Sometimes people are sensitive about talking about these areas. Try to reassure the person that there are no right or wrong answers, and you are not judging them. Sometimes their pattern of using tobacco or drinking may not fit the categories we put on the form. If it does not, please write notes about quantity (how much), and also type of product (e.g., whiskey, beer, red wine, white wine). This information is useful because different drinks have different levels of alcohol.

You will notice there are several questions that ask about how the Vietnamese culture views tobacco and also about what tends to influence people to smoke. Please try to engage the person in talking about their own views as well as whether those views come from their cultural heritage. Have ideas about tobacco changed in Vietnam since they came to the United States? Here is an opportunity to find out more about cultural norms (how certain cultures tend to do things).

Section D—Health History: In this section, you will ask the person about their personal and family history of heart problems. You will see many questions that are meant to find out how they view different health issues, like “what makes people sick,” and “how people can prevent or avoid getting sick.” You will ask about cultural perspectives on these topics. Similarly, it is important to find out what kind of health and medical services they use. As you know, people have many ways of treating illness besides going to a Western doctor or hospital. You will help us find out what those ways are, so we can better understand how people think about and treat their health. In this interview, we really want to find out how important people’s traditions and cultural practices can be in making decisions about their health.

Section E—Personal Information: These questions are very straightforward. If none of the categories fit their answer, then just write down their answer on the form beside the categories.

Section F—Health Education: Since this program is being sponsored by the National, Heart, Lung, and Blood Institute (NHLBI), we would like you to ask questions about what kind of health education information they receive, where and how often they get it. Your answers will help the NHLBI figure out where they should give out health education materials, and whether they should be translated into different languages.

Section G—Community Health Services: Here we are interested in the interviewee’s opinion and ideas about useful health information programs. The NHLBI would like to get ideas from community members about types of programs that people would like to see and where they would like to see them. Treat the person like an expert on what they would like to see happen, and how health professionals can effectively reach people in the community.

The last questions involve showing the person some sample pamphlets that the NHLBI published. Ask them if they would like pamphlets like these to be developed for Vietnamese, and what suggestions they would have for making useful education materials (e.g., translated into Tagalog, what types of pictures, cookbooks vs. factual information about heart health, etc.).

Advice about the Interview Process

Open-ended questions: Open-ended questions are questions that do not have a yes/no or black/white/brown answer. An example of an open-ended question would be if I asked you, “What kind of fruits do you like?” The person can answer however they like, such as, “I like papaya, mango, and bananas.” They can also answer, “I don’t like fruit at all.”

On the other hand, closed questions are useful when you are asking a lot of people the same questions. You want to give them choices, so that you can analyze what a large group of people said about something. For example, if I ask you, “Do you like apples or bananas better?” I have only given you two choices that are predetermined. You can say either apples or bananas. This is an example of a closed question. In the indepth interview questionnaire, there are many multiple-choice questions (questions that have a set number of answers are also closed questions) such as, “How stressful is your life?” Possible responses could be: (a) not stressful, (b) a little stressful, (c) somewhat stressful, and (d) very stressful. If I asked this question to a group of soldiers stationed in Virginia, where there is no current military conflict, I could add up their answers and have a pretty good sense of how stressful their lives were. Then I could ask a group of soldiers stationed in the Middle East, where there is conflict, and I would be able to compare their answers with those of the soldiers in Virginia. We could guess that where there is military conflict, there might be more stress. Multiple-choice questions are helpful when asking general questions for larger groups of people.

You can still make comparisons when you ask open-ended questions, but the type of information you gather with open-ended questions tells you more information about a certain subject. For example, I could ask the soldiers, “What causes you stress in your job?” Their answers would give me more depth (more information about one subject). But, it would be harder to ask a group of 300 soldiers in each place to tell me what causes their stress, and then to put together all of their answers in a simple fashion. We would have to take into consideration complex answers like, “missing home because they just had their first child; a particular supervisor does not like them; the food is bad; they have allergies to a certain plant in the region.” These kinds of answers are very rich in telling us about their experiences, but it would be hard to say that most soldiers are stressed because of one reason.

In summary, open-ended questions and closed questions have different purposes. During the key informant interview, you will ask mostly open-ended questions, because we are interested in detailed information about certain subjects from a few people. During the indepth interview, we are looking for detailed information about some subjects, but also simple categories of information on other subjects for comparison with larger numbers of people. So, for the open-ended questions you will take notes, and the closed questions you will circle a choice.

Use examples: Sometimes it can be helpful to use examples. The problem with giving examples right away is that once people hear the examples you read, they tend to pick one of those choices. If you do not give them those examples, they are likely to answer their own way. For instance, if I ask you, “Whom do you generally go to when you feel sick? For example, the doctor or your mom.” The person may respond by saying the doctor when, in fact, they may actually tend to look up their illness in a book. But, because you gave them an example, they picked one of them. Psychologically, this is called “leading” (leading someone to a certain answer by persuasion).

Examples are also helpful when the question is unclear to vague. For instance, I may ask, “What are some cultural practices to treat illness that you were raised with?” The person may wonder what you mean by cultural practices. You could clarify by saying, “For example, in the Chinese culture, some people see an herbalist. Are there things that people do in the Vietnamese culture

that people do to treat illness that are different from the American culture?” By giving an example, I can show the person what type of question I am asking, because somehow the question was not clear. Again, use examples with caution because they can psychologically lead people to pick the examples you gave.

Completing the Interview

After asking the person if they have anything else they would like to add (take notes if they do have things to add), thank the person for their help and for their time. Give them the \$15 dollar stipend. Remind them that if they have any questions, they can contact the person listed on the informed consent form.

Appendix C: Interview Guides

Focus Group Guide

Today's Date:

Time:

Focus Group Location:

Address:

Community Organization Sponsor(s):

Focus Group Facilitator:

Focus Group Recorder:

Sign In Sheet

Name	Age	Sex	Ethnicity	ZIP code	Organization
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I. Introduction

- Greetings and thank you for coming. This focus group is to assist us in understanding our community's ideas, attitudes, and practices about heart health, general wellness, and preventive health. This includes the various health and community resources available to you and other community residents.
- This community assessment is being conducted in conjunction with the [*insert name of local organizations*] and the Asian & Pacific Islander American Health Forum. This project is funded by the National Heart, Lung, and Blood Institute in an effort to develop effective messages and programs to promote heart health in the Vietnamese community. Your participation is very important because **YOU** know your own community best. There are no right or wrong answers to any of the questions. Feel free to express your ideas, opinions, or experiences.
- As you may have noticed, there is a tape recorder in the middle of the table. We hope that having a tape recorder will not make you feel uncomfortable. We want to make sure we capture all your ideas and that we do not miss any of the valuable information the group may offer. The tape recorder ensures this. There will also be a recorder who will be writing your response on the flip chart to make sure that we capture what you are saying correctly.
- Please be assured that your individual comments here today are confidential in the sense that we will not identify, by name, anyone's statements. We would like you to sign an informed consent form to ensure your confidentiality and to affirm your voluntary participation in this discussion.
- Let's go through the informed consent form. [*Pass out informed consent form to participants and go over entire form.*]
- Before we begin, does anyone have any questions or comments?

II. Attitudes About Heart Disease

Let's start our discussion

A. Cultural Meaning of Prevention

1. What does good health mean to you? Are there any folktales, sayings, or symbols about health in general in your culture?
2. What does the word "prevention" mean in your culture?
3. What does being ill or sick mean to you? Are there any folktales, sayings, or symbols about illness or disease in general in your culture?

B. Community Health Concerns

1. What do you feel are the top health problems (or diseases/sicknesses) in the [*insert name*] community (e.g., diabetes, cancer, etc.)? [*Use flip chart to list responses. Then ask the group to rank the top five health concerns they have identified.*]

C. Heart Disease

Now let's talk more about heart disease (e.g., heart attack, high blood pressure, stroke, or stress) and factors that increase a person's chances of getting heart disease.

1. If heart disease was mentioned and ranked, ask: Why did you rank heart disease where you did? How concerned are people in the Vietnamese community about heart disease compared to what you've just listed? [*If heart disease was not ranked, then ask, How about heart disease? Compared to the problems you mentioned and rank, how important is heart disease in your community?*]
2. How do people in the community think they develop heart disease? [*Probe: What are the causes of heart disease?*]
3. Do you know someone who has heart disease?
4. What are some of the things people can do to prevent heart disease?
5. In the Vietnamese culture, how do people take care of the heart? What does the heart symbolize in the Vietnamese culture? Are there any folktales or sayings about the heart health in your culture?

I'm going to ask you some questions about three different topics: High Blood Pressure, Cholesterol, and Obesity. There will be the same questions for each topic. Please don't feel like you have to be an expert on these things—I'm asking just to get a sense of what you think.

D. High Blood Pressure, Cholesterol, and Weight

1. What do people think high blood pressure is? [*Probe for words used to describe or refer to high blood pressure, such as stress.*]
2. How about high cholesterol?
3. How do people view obesity or being overweight in the Vietnamese culture? [*Probe for gender issues.*]
4. How do these issues of high blood pressure, cholesterol, or obesity affect the community's health?
5. What do you think people should do if they are diagnosed with high blood pressure, cholesterol, or obesity?
6. How realistic is it for people to control or manage these health problems?

E. Tobacco Smoking

1. How does the Vietnamese community view tobacco smoking? How does tobacco smoking affect your health? In what way?
2. How realistic is it for people in the community to quit smoking?

F. Diet

1. What kinds of food do you like to eat? What kinds of food do you like to prepare for you and your family at home?
2. Do you cook anything different for special celebrations?
3. How often do you eat out? What types of food do you eat when you eat out?
4. Do you think that the kinds of food you eat can affect your heart? How?
5. What makes it hard for people to eat foods low in salt?
6. What would help people to eat food low in salt?
7. How realistic is it for people in the community to eat foods low in salt?
8. What was your typical diet like in Vietnam?
9. How did the immigration or refugee processes affect your diet? Have you lived in other countries besides Vietnam and the United States? What did you eat in those places?

G. Stress

1. Could you talk about the tensions people experience at work, in their family, etc.?
2. How do these tensions affect your health?

H. Physical Activity and Exercise Patterns

1. When you look around the Vietnamese community here in [*insert name of city or town*], how physically active are the people in the community?
2. What types of physical activities or exercise do people do for fun (e.g., at play, sports leagues, etc.)? What types of physical activities or exercise do people do on their own (e.g., morning walks or running)? What types of physical activities or exercise do people do as a group (e.g., sports leagues, exercise classes, community garden, or morning walks with friends)?
3. What types of physical activities or exercise do people do at home (e.g., gardening, lawn mowing, house cleaning)? What types of physical activities or exercise do people do at work (e.g., walking clubs)?
4. What types of physical activities or exercise do people in your community tend to prefer?
5. Why do you think people are not active?

6. What would help people become more active? *[Use a flip chart to list the reasons that makes it difficult for people to be physically active and ways to solve or overcome those difficulties.]*
7. How realistic is it for people in the community to exercise 30 minutes on most days of the week?
8. Are there any differences in how active people are or what kinds of activities they do here in the United States versus in Vietnam?

III. Health Care Options, Access, and Services

1. When people in the community get sick what do people tend to do?
2. Who do they go to see first? *[Probe for use of self-treatment, such as taking herbs, over the counter medicine.]*
3. What do people expect from the person they first go see?
4. Do people in the community go for regular health checkups? If so, where do people in the community go for regular health checkups? *[Probe: What other things people do regularly or routinely to maintain their health and well-being, e.g., clergy, acupuncture, etc.?)*
5. What health care services are available in the community or neighborhoods? *[Probe: Are there other health care services people use in the community? Probe for use of non-Western health care services, e.g., traditional healers, herbalists, etc.]*
6. What are some of the reasons that make it difficult for people in the community to receive health care services? *[Use flip chart to record responses. Probe for language, transportation, race/culture, insurance, trust, etc.]*
7. Could you talk about any language barriers that affect people receiving health care?
8. *Using the flip chart as reference, ask:* What would encourage people to use existing health care services in the community?
9. What kinds of heart health education programs and activities do you think could be developed in the community that would reduce the risk for heart disease? What should these programs include? *[Probe: What kinds of activities or programs would encourage people to do things that would lower their blood pressure? What kinds of activities of program would encourage people to exercise more? To eat food with less fat? To eat food with less salt? To maintain a healthy weight?]*

IV. Sources of Health Information and Languages

1. Where do people in your community get information about health? *[Use the flip chart to make a list of sources of health information. If not mentioned, ask: Do you use the Internet to find information about health?]*
2. How useful or effective are these materials in educating the Vietnamese community about heart health issues?
3. Would people receive the information on issues not related to health from the same sources (e.g., community issues such as census participation, immigration, community events)?

Now, we would like to ask you about any information you receive on heart health or prevention of heart disease—such as brochures, TV ads, radio ads, etc.

4. What information format is most appealing to the Vietnamese community (e.g., brochures, television ads, radio ads, videotapes, audiotapes, interviews, etc.)?
5. What languages or dialects do most people in the Vietnamese community [*insert name of city or town*] speak? Which ones do you think are the best languages or dialects for getting information to community residents?
6. Who should deliver health messages to the community? [*Probe for credible spokespersons in the community.*]
7. What activities do people in your community participate in local ethnic group organizations? What about churches? What about ethnic celebrations or events?
Followup: Which organizations? Which churches? Which ethnic celebrations or events?
Followup: Why do you think people like to participate that organization? Why do you think people like to participate in that church (or those churches)? Why do you think people like to participate in that celebration/event?
8. Are there any additional ways in which [*insert name of your CBO*] outreaches to the community?

V. Reactions to Selected Health Education Materials

Now we would like to get your reactions to a few health education materials. Your input will help us develop Vietnamese-specific materials. We want your impressions of these materials. We are not asking you to read the material at this time.

[Show materials and ask the group and give them a few seconds to look at it.]

Ask the group: What do you like the best and why? What do you like the least and why?

VI. Closing

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

Key Informant Interview Guide

Today's Date:

Time:

Interview Location:

Address:

Community Organization Sponsor(s):

Interviewer:

I. Introduction

- Thank you for coming. Because you have been identified as a leader in the Vietnamese community, we hope you will assist us in understanding your community's ideas, attitudes, and practices about heart health, wellness, and preventive health. This includes the various health and community resources available to you and other community residents.
- This community assessment is being conducted in conjunction with the Vietnamese community organization and the Asian & Pacific Islander American Health Forum. This project is funded by the National Heart, Lung, and Blood Institute in an effort to develop effective messages and programs to promote wellness and heart health in the Vietnamese community. Your participation is very important because **YOU** have an in-depth knowledge and insight into your community.
- Please be assured that your individual comments here today are confidential in the sense that we will not identify by name your statements. We would like you to sign an informed consent form to insure your confidentiality and to affirm your voluntary participation in this discussion.
- Let's go through the informed consent form. [*Give copy of informed consent form and go through entire form.*]
- Before beginning, do you have any questions or comments?

II. Respondent Demographic Information

Age:

Sex:

Ethnicity:

Birth country:

Native language:

Citizenship, which country?

Years in the United States?

What is your role in the community (both formal and informal)?

With what organizations or institutions are you affiliated?

III. Community Context and Sources of Information

1. To begin, can you describe the Vietnamese community in [*insert name of city or town*]?
[*Probe: Are most of the Vietnamese people in this community, long-term residents? Would you consider it a youthful or an elderly community?*]

2. What languages or dialects do most people in the community speak, and which ones do you think are the most effective for getting information to community residents?
3. How active are most people in the community in local ethnic group organizations, churches and ethnic celebrations or events?
 - Followup:* Which organizations, churches and ethnic celebrations or events do people like to go to?
 - Followup:* Why do you think people like to go to those organizations, churches, or ethnic celebration or events?
4. How do people in your community get information about health? [*Check the sources that participants identify.*]
 - Family, especially those family members in the health care professions
 - Friends, especially those friends in the health care professions
 - Vietnamese radio
 - Local English radio
 - Vietnamese newspaper
 - Local English newspaper
 - Vietnamese television
 - Local English television
 - Community organization newsletter
 - Flyers—community outreach materials
 - Brochures and educational materials in (Western) doctor’s offices, HMO, or other health service provider
 - Information from “cultural or traditional” healers (e.g., acupuncturist)
5. What information format is most appealing to the Vietnamese community (e.g., brochures, television ads, radio ads, videotapes, or audiotapes, etc.)?
6. What can you tell us about the network of ethnic community organizations and services in [*insert name of city or town*]? Are they well integrated? Are there overlaps in services or efforts by the community organizations?
7. What do you see as the greatest assets of [*insert name of city or town*]? What do you see as some of the important needs?

IV. Attitudes About Heart Disease, Community Health, and Wellness

A. Cultural Meaning of Prevention

1. What does good health mean in the Vietnamese culture? Are there any folktales, sayings, or symbols about health in general in your culture?
2. What does the word “prevention” mean in your culture?
3. What does being ill or sick mean in the Vietnamese culture? Are there any folktales, sayings, or symbols about illness or disease in general in your culture?

B. Community Health Concerns

1. What do you feel are the greatest threats to health and wellness in your community?
2. What do you feel are the top five health problems (or diseases/sicknesses) in the community (e.g., diabetes, cancer, etc.)? For whom?

C. Heart Disease

Now let's talk about heart disease (e.g., heart attack, high blood pressure, stroke or stress) and the factors that increase a person's chances of getting heart disease.

1. If mentioned and ranked ask: Why did you rank heart disease where you did? If not, then ask: How about heart disease? Compared with the problems you mentioned and ranked, how important is heart disease in your community?
2. What is the top concern related to cardiovascular health and heart disease?
3. What do people think are the major causes of heart disease?
4. Do you know someone who has heart disease?
5. What are some of the things people can do to prevent heart disease?
6. In the Vietnamese culture, what do people do to take care of their heart? What does the heart symbolize in the Vietnamese culture? Are there any folktales or sayings about the heart health in your culture?

I am going to ask you some questions about three different topics: High Blood Pressure, Cholesterol, and Obesity. There will be the same questions for each topic. Please don't feel like you have to be an expert on these things—I am asking just to get a sense of what you think with regard to the community.

D. High Blood Pressure, Cholesterol, and Obesity

1. What do you think high blood pressure is?
2. How about high cholesterol?
3. How do people view obesity or being overweight in the Vietnamese culture? [*Probe for gender issues.*]
4. How do these issues of high blood pressure, cholesterol, and obesity affect the community's health?
5. What do you think people should do if they are diagnosed with high blood pressure, cholesterol, or obesity?
6. What stops people from controlling their problems with these health issues?
7. How would people control these problems with high blood pressure, cholesterol, or obesity?
8. How realistic is it for people to control or manage these health problems?

E. Smoking

1. How does the Vietnamese community view tobacco smoking? How does tobacco smoking affect your health? In what way?
2. How realistic is it for people in the community to quit smoking?

F. Diet

1. What kinds of food do Vietnamese people most often eat for special holidays, family gatherings, or celebrations?
2. Do people in the Vietnamese community tend to eat differently or similar to the way they ate in Vietnam? Please explain. Are the styles of eating in the United States more or less healthy than the old ways? In what way?
3. What was your typical diet like in Vietnam?
4. How did the immigration or refugee processes affect your diet? Have you lived in other countries besides Vietnam and the United States? What did you eat in those places?

G. Physical Activity and Exercise Patterns

1. When you look around the Vietnamese community here in [*insert name of city or town*], how physically active are the people in the community?
2. What types of physical activities or exercise do people do for fun (e.g., at play, sports leagues, etc.)? What types of physical activities or exercise do people do on their own (e.g., morning walks or running)? What types of physical activities or exercise do people do as a group (e.g., sports leagues, exercise classes, community gardening, or morning walks with friends)?
3. What types of physical activities or exercise do people do at home (e.g., gardening, lawn mowing, and house cleaning)? What types of physical activities or exercise do people do at work (e.g., walking clubs)?
 - a. Why do you think some people are not active?
 - b. What would help people become more active?
4. How realistic is it for people in the community to exercise 30 minutes on most days of the week?

V. Health Care Options, Access, and Services

1. When people in the community get sick what do people tend to do?
2. Who do they go to see first? [*Probe for use of self-treatment, such as taking herbs, over the counter medicine, taking medicine from the Vietnamese culture.*]
3. Do people in the community go for regular health checkups? If so, where do people in the community go for regular health checkups?

4. What other things people do regularly or routinely to maintain their health and well-being (e.g., clergy, acupuncture, etc.)?
5. What health care services are available in your community or neighborhood?
6. Is there other health care services people use in the community? [*Probe for use of non-Western health care services, e.g., traditional healers, herbalists, etc.*]
7. What proportion of the community uses Western medicine and health care services? What are the alternative health care services you see people use?
8. Who or what types of organizations are seen as having credibility in providing health care education and/or services?
 - a. What are some of the factors that make it difficult for folks in the Vietnamese community to receive health care services (e.g., language, transportation, race/culture, insurance, trust)?
9. What would encourage people to use existing health care services in the community?
10. If not addressed ask: Do most folks in your community have health insurance? If not, ask: why do you think that is (e.g., cost, not important, not available)?
11. For heart disease in particular, what kinds of activities do you think could be developed in the community that would reduce the risk for heart disease? What are the elements it should have? [*Probe: What kinds of activities or programs would encourage people to do things that would lower their blood pressure? What kinds of activities of program would encourage people to exercise more? To eat food with less fat? To eat food with less salt? To maintain a healthy weight?*]

VI. Heart Health Prevention and Intervention Materials

Now we would like to get your reactions to the a few health education materials. Your input will help us develop specific materials for your community. We want your impressions of these materials. We are not asking you to read the materials at this time.

What do you like the best and why? What do you like the least and why?

VII. Closing

- We are now finished with the discussion. Before we leave, do you have other responses or comments about the information discussed today?
- Once again, I want to reassure you that everything you said here today is strictly confidential and anonymous. Your name will not be connected to the information given today.
- Thank you for coming. The information that you have provided is very important. You have been very helpful to us.

Indepth Interview Guide

Six areas are explored:

- Section A: Physical Activity
- Section B: Eating Behaviors
- Section C: Tobacco and Alcohol Use
- Section D: Health History
- Section E: Personal and Demographic Information
- Section F: Health Education
- Section G: Community Health Services

Note: This will be administered by a trained interviewer in an interactive discussion. Each community-based organization will identify and interview ten participants.

Date:
Time:
Location:
Interviewer:

Respondent Demographic Information

Age:
Sex:
Ethnicity:
Birth country:
Native language:
Nationality:
Years in the United States:
Number of adults in your household (including self):
Number of children in your household:

Section A: Physical Activity

- A1. How important is getting daily physical activity for you?
1. Not important
 2. Somewhat important
 3. Very important
 9. N/A
- A2. During the last month, did you participate in any physical activities such as walking, hiking, basketball, volleyball, swimming, gardening, etc.?
0. No
 1. Yes (If yes, answer the next five questions)
- A2a. Please tell me the type(s) of physical activities that you did.
- A2b. Of these physical activities you just told me about, which is the one you do the most?
- A2c. Which is/are your favorite activities?
- A2d. Are any of your activities in leagues, classes (recreation or school) or some other formal clubs?
- A2e. Which of these activities are with friends, relatives, etc.?
- A2f. Are you physically active at home or at work (e.g., carrying laundry, walking up stairs, physical labor for work like walking, lifting, and building)?
- A3. What motivates you or would motivate you to be physically active?
- A4. What makes it hard for you to be physically active?
- A5. How are physical or recreational activities viewed within the Vietnamese culture? Are these activities different or similar from Vietnam to here in the United States?

Section B: Eating Behaviors

Interviewer Instructions:

Please pull out calendar sheets (will be supplied). Explain that you will be going over the calendar with them to ask them some questions about diet and other behaviors.

You may wish to state: “Now I’m going to ask you some questions about the foods you eat. I find it’s easiest to talk about it if we look at a calendar together, and just talk about the typical foods you generally have. Is that okay? Thanks. First I’m going to ask you what you ate the last few days, including today. It may seem a little strange, but it will give us a clear understanding of your diet for a few days. Please tell me how typical the last 2 days were in terms of your regular eating habits.”

Interviewer will ask what they ate today, yesterday (morning mid-day, evening, night), and for the last 2 days, including today. As the interviewer writes down the foods on the calendar, they check with the participant as to the accuracy of the information. Note that the interviewer will fill in the answers to food questions at end of the interview (page 63) with or without the participant, depending on the time. This is based on the 2-day data.

After filling in the information from above onto the 2-day calendar, ask the following questions:

- B1. How important is it to have a low-fat diet?
1. Not important
 2. Somewhat important
 3. Very important
 9. N/A
- B2. Can you name some of the traditional ingredients you put in your food? Name them in your native language. If you could not buy these traditional ingredients, what types of “American” ingredients would you use as a substitute?
- B3. How has living in the United States affected how you eat? Is it more or less healthy? Please be specific.

Section C: Tobacco and Alcohol Use

- C1. Do you smoke cigarettes, cigars, and pipes or chew tobacco? Please specify.
0. No
 1. Yes (If yes, answer the next 4 questions)
 9. N/A
- C2. If you smoke, how long have you been smoking?
- C3. If you smoke, how often do you smoke?
0. Rarely, on special social occasions (How many cigarettes/cigars at an event?)
 1. Occasionally, about once a month (How many cigarettes/cigars on each occasion?)
 2. Regularly, several times a week
 3. Daily
 9. N/A
- C4. On average, about how many cigarettes do you smoke each day?
1. 1 – 4 cigarettes
 2. 5 – 8 cigarettes
 3. 9 – 12 cigarettes (about half a pack)
 4. 12 – 16 cigarettes
 5. 17 – 20 cigarettes (about a pack)
 6. 20 – 40 cigarettes
 7. 40+ cigarettes (2 packs)
 9. N/A
- C5. When you are at home, where do you primarily smoke?
1. Inside the house
 2. Outside the house
 3. Other
 9. N/A

- C6. Did you ever smoke?
0. No
 1. Yes
 9. N/A
- C7. If yes, how long ago did you stop smoking? What method(s) did you use to quit smoking?
(If they have smoked off and on: Please describe pattern of quitting and starting again.)
- C8. How long did you smoke? How much did you smoke daily, when you used to smoke?
- C9. Who exposes you to tobacco smoke? (Check all that apply.)
- Family
 - Friends
 - Coworkers or students
 - Clients or customers
 - Strangers
 - Others (specify)
- C10. How do you think tobacco affects your health?
- C11. How do you feel tobacco smoking is viewed in the Vietnamese community here in [*insert name of city or town*]?
- C12. How is using tobacco viewed in Vietnam? Do those attitudes affect how you or others in the Vietnamese community think about tobacco or smoking?
- C13. What do you think influences Vietnamese men, women, and kids to use tobacco (e.g., social gatherings, magazine ads, movies, cultural norms, etc.)?
- C14. Do you drink alcohol?
0. No (If no, then skip to section D)
 1. Yes
 9. N/A
- C15. How often do you drink alcohol?
0. Never
 1. Rarely, on special social occasions. What kind of occasions?
 2. Occasionally, about once a month
 3. Once per week
 4. Regularly, several times a week
 5. Daily
 9. N/A
- C16. When you drink alcohol, what do you tend to drink? How much?
- C17. What motivates you to drink?
- C18. What would motivate you to stop or reduce drinking?
- C19. What makes it difficult to stop or reduce drinking?

Section D: Health History

- D1. How tall are you?
- D2. How much do you weigh?

D3. Do any of your family members have heart disease?

- 0. No
- 1. Yes
- 9. N/A

D4. Has a doctor ever told you that you have any of the following? (Check all that apply.)

- Diabetes
- Hypertension (high blood pressure)
- High cholesterol (How many times?)
- Heart Attack
- Stroke

IF YES TO D3 OR D4, THEN ANSWER THE NEXT 4 QUESTIONS:

D5. Do you have heart disease? How did you or your family member find out about having heart disease?

D6. How do you think you/your family member developed or got heart disease?

D7. What do you do to on a daily basis to take care of your heart? Has this resulted in any changes in your family? [*Probe for cultural methods of taking care of the heart.*]

D8. What is it like to live with heart problems? [*Probe: experiences of living with heart disease.*]

D9. What does the heart symbolize in your culture?

D10. Are you on a special diet (low fat or low salt) ordered by a doctor? Do you follow it? Why or why not?

- 0. No
- 1. Yes
- 9. N/A

D11. Can you share some cultural perspectives on some of these topics? Any differences for men or women?

- In the Vietnamese culture, what causes illness or bad health?
- In the Vietnamese culture, how do you prevent illness?
- In the Vietnamese culture, what is the meaning of health?
- In the Vietnamese culture, what do people think about heart disease?
- In the Vietnamese culture, what do people think about obesity?
- In the Vietnamese culture, what do people think causes high blood pressure?
- In the Vietnamese culture, what do people think causes high blood cholesterol?

D12. How do you view Western medicine? [*Probe for cultural attitudes regarding use of Western medicine.*]

D13. Who do you generally go to if you get sick? *Probe for the following:*

- Self-treatment of family, friends, etc.
- Traditional healers (be specific)
- Western doctor (where do they access this—community, clinic, hospital, etc.?)

D14. Who do you prefer to see when you are sick? [*Probe for what they think about Western versus Eastern medicine. Also ask WHEN community members go to see a doctor, if they did not mention it previously.*]

D15. Do you perceive your life as stressful? [*Probe by asking about the person's life in various contexts.*]

1. Not stressful
2. Somewhat stressful
3. Very stressful
9. N/A

- Are there any tensions in life with children or family now?
- How about with school or work or finances?
- Are there any difficulties with language and communication here in the United States?
- What kinds of tensions arise in families as a result of trying to balance integration into society and preservation of the Vietnamese culture?
- Are there tensions between young and old, newly arrived immigrants and older immigrant communities?
- Are you currently taking care of someone who is not well or because of familial obligation or responsibility (e.g., a sick mother or a grandchild)?

D16. What causes you stress now?

D17. What are some of the things you do to relieve stress?

D18. How important is it for you to do stress relieving activities?

1. Not important
2. Somewhat important
3. Very important
9. N/A

Section E: Personal and Demographic Information

E1. How long have you lived in your current community (number of years)?

E2. How many years of education do you and your spouse or partner have?

- | | Self | Spouse |
|---------------------------|--------------------------|--------------------------|
| 0. None | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. 1 – 8 yr | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 9 – 12 yr | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Technical/professional | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Community | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 4-yr college | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Postgraduate | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. N/A | <input type="checkbox"/> | <input type="checkbox"/> |

E3. What kind of work do you do?

1. Professional/managerial
2. Technical
3. Sales
4. Administrative support (e.g., clerical, secretarial)
5. Service
6. Industrial

- 7. Homemaker
- 8. Unemployed
- 9. Own a business
- 10. Other (specify)

E3a. How many hours do you spend working for pay?

E3b. How many jobs do you have for pay?

E4. What was your annual household income last year (all wage earners in the household)?

- 1. < \$5,000
- 2. < \$10,000
- 3. < \$20,000
- 4. < \$40,000
- 5. < \$60,000
- 6. < \$80,000
- 7. < \$100,000
- 8. < \$120,000
- 9. > \$120,000+
- 99. N/A

E5. What language do you use to communicate in your family?

E6. Are there any problems with language and communication between the generations? How is culture transmitted between the different generations?

E7. Are you or anyone in your household involved in or is member of an ethnic organization or association?

- 0. No
- 1. Yes
- 9. N/A

E8. Do you have health insurance? If yes, with whom? [*Probe for the quality and comprehensiveness of health insurance coverage.*]

- 0. No
- 1. Yes
- 9. N/A

Section F: Health Education

F1. How important is it to have regular community health fairs in your neighborhood?

- 1. Not important
- 2. Somewhat important
- 3. Very important
- 9. N/A

F2. Have you ever attended a community health fair? [*Probe for how much people in the community attend such fairs.*]

- 0. No
- 1. Yes
- 9. N/A

F3. How important is it to have brochures, pamphlets, videos, and audiotapes in your native language?

1. Not important
2. Somewhat important
3. Very important
9. N/A

F4. How important is it to have health education programs in your native language?

1. Not important
2. Somewhat important
3. Very important
9. N/A

F5. How often do you read or learn about health education information:

1. Rarely
2. When something is wrong with a friend or relative
3. When something is wrong with me
4. For general knowledge and awareness
9. N/A

F6. Do you receive health information from the following?

		Most often	Sometimes	Rarely	Never
1	Friends or family				
2	Providers				
3	English radio				
4	Vietnamese radio				
5	English television				
6	Vietnamese television				
7	Local English newspaper				
8	Vietnamese newspaper or magazines				
9	Flyers, community outreach materials				
8	Brochures or educational materials in doctor's office etc.				

Section G: Community Health Services

G1. What has your doctor or medical plan recommended that you have? (Check all that apply.)

- Cholesterol check
- Blood pressure check
- Blood sugar test
- Electrocardiogram, etc.
- Other

G2. What are some of the problems you have in getting medical help or health services?

G3. What kinds of services are available in the community to help people lead healthier lives?

Do you use these services?

- G4. What services would you like to see in the community to help people be healthy?
- G5. What is the best way to tell people in your community about services that help them be healthy?
- G6. We're almost through with the interview. Is there anything else you would like to add?
- G7. We'd like to ask you to look at these pamphlets and tell us if you think it would be useful to have something like it in your native language. [*Show pamphlets, and write comments in the space below.*]

Interviewer: Please do not forget to fill in the food questions at the end of the interview. They are found on the following pages.

AFTER the interview is completed, the interviewer circles the answer on the codes below.

- B4. About how many times was Vietnamese food a large part of any of the meals you ate in the past 2 days?
0. None
 1. 1 – 2 meals
 2. 3 – 4 meals
 3. 5 – 6 meals
 4. 7+
 9. N/A
- B5. About how many times was red meat a large part of any of the meals you ate in the past 2 days?
0. None
 1. 1 – 2 meals
 2. 3 – 4 meals
 3. 5 – 6 meals
 4. 7+ meals
 9. N/A
- B6. Generally speaking, was the red meat...
1. Extra lean
 2. Lean
 3. "Regular"
 9. N/A
- B7. About how many times was chicken large part of any of the meals you ate in the past 2 days?
0. None
 1. 1 – 2 meals
 2. 3 – 4 meals
 3. 5 – 6 meals
 4. 7+ meals
 9. N/A

- B8. Generally speaking, was the chicken...
1. Skinless
 2. With skin
 9. N/A
- B9. About how many times was fish a large part of any of the meals you ate in the past 2 days?
0. None
 1. 1 – 2 meals
 2. 3 – 4 meals
 3. 5 – 6 meals
 4. 7+ meals
 9. N/A
- B10. About how many times was a vegetable protein (tofu, beans, soy product) a large part of any of the meals you ate in the past 2 days?
0. None
 1. 1 – 2 meals
 2. 3 – 4 meals
 3. 5 – 6 meals
 4. 7+ meals
 9. N/A
- B11. About how many times were dairy products a large part of any of the meals you ate in the past 2 days?
0. None
 1. 1 – 2 meals
 2. 3 – 4 meals
 3. 5 – 6 meals
 4. 7+ meals
 9. N/A
- B12. Generally speaking, are the dairy products you use...
1. Fat free (i.e., skim milk)
 2. Lowfat (i.e., 2% fat milk)
 3. Full fat (i.e., whole milk)
 9. N/A
- B13. About how many times were eggs a large part of any of the meals you ate in the past 2 days?
0. None
 1. 1 – 2 meals
 2. 3 – 4 meals
 3. 5 – 6 meals
 4. 7+ meals
 9. N/A
- B14. About how many servings of vegetables did you eat as a part of your meals in the past 2 days?
0. None
 1. 1 – 2 servings
 2. 3 – 4 servings
 3. 5 – 6 servings

- 4. 7+ servings
 - 9. N/A
- B15. Generally speaking, were the vegetables...
- 1. Dried
 - 2. Canned/jar
 - 3. Fresh
 - 4. N/A
- B16. What types of vegetables do you eat (e.g., green beans, carrots, beets, etc.)?
- B17. About how many servings of fruit did you eat in the past two days?
- 1. 1 – 2 servings
 - 2. 3 – 4 servings
 - 3. 5 – 6 servings
 - 4. 7+ servings
 - 9. N/A
- B18. Generally speaking, was the fruit...
- 1. Dried
 - 2. Canned/jar
 - 3. Fresh
 - 9. N/A
- B19. What type of fruits do you eat (e.g., bananas, apples, etc.)?
- B20. Generally speaking, who prepares the foods you eat?
- 1. Self
 - 2. Other, same household
 - 3. Other, not restaurant
 - 4. A restaurant
 - 5. N/A
- B21. Generally speaking, when you eat red meat, chicken, fish, and vegetables, were they prepared as part of the Vietnamese meal?
- 0. No
 - 1. Yes
 - 2. N/A
- B22. What are your favorite snack foods (e.g., candy, chips, cookies, cake, fruit)?
- B23. About how many snacks do you eat each day?
- 0. None
 - 1. 1 – 2 snacks
 - 2. 3 – 4 snacks
 - 3. 5+ snacks
 - 9. N/A

The NHLBI Health Information Center is a service of the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health. The NHLBI Health Information Center provides information to health professionals, patients, and the public about the treatment, diagnosis, and prevention of heart, lung, and blood diseases. For more information, contact:

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