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Panelists:

Hector Balcazar, PhD, Arizona State University

Zoila Ortega-Harrison, RN PhD, School of Nursing, Fairfield University

David Della, Washington State Commission on Asian American Affairs

Thomas Tam, PhD MPH, Asian American Higher Education Council

Linda Poolaw, Public Health Service and Indian Health Clinic, University of Oklahoma

Robert Lewis, Department of Health and Social Services, Salt River Pima-Maricopa Indian Community

Joseph Jacobs, MD MBA, formerly with the Office of Alternative Medicine, National Institutes of Health

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Community Panel Discussions: From Research to Community Action

SYNOPSIS

HYPERTENSION AND CARDIOVASCULAR DISEASE are increasing among minorities. Participants at the workshop on the Epidemiology of Hypertension in Hispanic Americans, Native Americans, and Asian/Pacific Islander Americans voiced a need to intensify a systemic approach for community-based strategies to guide prevention, treatment, and control.

To answer this need, a panel addressed recommended community-based strategies from inclusion of community members in the research process to implementation and application of findings for community action.

Recommended strategies include encouraging close cooperation and data sharing between investigators and community groups; including differences in culture, heritage, and local influences in hypertension research; training and working with minority researchers and health care professionals; and intensifying comprehensive and culturally appropriate education programs that focus on prevention, treatment, and control of hypertension.

This article contains a summary of key areas of emphasis, as well as implementation strategies to decrease hypertension and other cardiovascular diseases in specific ethnic groups.

The purpose of the community panel discussions at the workshop on the Epidemiology of Hypertension in Hispanic Americans, Native Americans, and Asian/Pacific Islander Americans sponsored by the National Heart, Lung, and Blood Institute, was to apply research findings to the minority communities under study, using the cultural beliefs and values of each group, and to discuss culturally relevant, community-based strategies that could be used to control hypertension and other cardiovascular diseases.

Several consistent themes emerged. 1) The importance of data cannot be overemphasized. 2) Many correlates of hypertension play a key role in the development, course, treatment, and control of hypertension in minority groups. 3) The community plays a significant role in the health of these groups. 4) More emphasis should be placed on expanding the number of minorities in the health care field. 5) Developing links with local, state, Federal, community, and tribal entities is a key factor in preventing, treating, and controlling hypertension.

Key points for each major area of discussion are presented below. Examples of culturally relevant strategies suggested by panel members follow each topic.

Importance of Data

Prevalence and incidence data are rarely collected for many of the subgroups within the Hispanic, American Indian and Alaska Native, and Asian and Pacific Islander populations. Even when data exist, they are not often comparable because data collection formats are not standardized, and study design often ignores cultural issues. Involving the community in planning and conducting research can alleviate potential faults in study design and can increase cultural sensitivity when recruiting and selecting participants. In addition, participants often are not clear about study objectives and need to have them explained in understandable terms. Moreover, in order to encourage community participation, it would help to have a clear statement of the incentives for and arrangements about the study.

Implementation Strategies

- Standardize data, agree on common terminology and data collection formats;
- Collect data, conveying the purpose of the study and the benefits to participants and the community;
- Perform baseline studies to gather information about ethnic groups;
- Collect data from people in the target community because they are familiar with their own language, beliefs, and concerns;
- Incorporate generational issues into the study design because there are differences among first, second, and third generation cultures in response to illness;
- Design multiphasic studies that incorporate a wide range of hypertension predictors, such as nutrition and sociocultural and sociodemographic factors; and
- Perform research where the ethnic group to be studied is most populous, for example, in the 11 states in which Hispanics are clustered.

Correlates of Hypertension

Poverty and access to health care are known to affect disease outcomes, but it is unclear how cultural or other moderating factors, such as acculturation, beliefs and values, language, genetics, gender, and generation relate to hypertension. It is also unclear which variables change people's health behaviors. For instance, what makes people exercise, eat a healthy diet, refrain from smoking, and use appropriate coping mechanisms?

The characteristics of behavioral interventions in minority communities are poorly understood. We need to know whether variables such as culture, social support, and normative expectations are related to certain behaviors,

whether relationships vary by level of acculturation or social class, and whether programs intended to manipulate these variables have a positive effect. We also need to document which interventions work and which do not.

Implementation Strategies

- Broaden data collection to include socioeconomic, cultural, behavioral, and generational factors that have an effect on diet, exercise, alienation, and poverty, all of which may operate differently among ethnic groups;
- Plan interventions that best predict the development and control of hypertension;
- Explore behavioral models that may improve people's health; and
- Identify similarities and differences associated with the biological and sociocultural correlates of hypertension.

Multidimensional Role of the Community in Intervention

The community plays a critical role in the ability to intervene in groups. Some feel socially alienated, which can affect data collection and intervention. Extended families, often spanning several generations, affect the day-to-day lives of all family members, their ties and connections to the community and the larger world, and their health behaviors and responses to disease.

Implementation Strategies

- Develop trust by ensuring that community members are a part of the process, allowing them to participate in the research as well as reap its benefits;
- Provide feedback to communities so they gain something from the research experience;
- Ensure that community interventions are multidimensional and family oriented by including a mix of biological and social approaches, such as diet, medication (traditional and nontraditional), weight reduction, physical activity, coping strategies, and family support;
- Segment minority populations in terms of level of acculturation and education to identify relatively homogeneous groups in order to design interventions and health promotion messages to best meet needs;
- Apply social marketing strategies to program design and implementation. These strategies can help identify the needs of various segments of the community, increase sensitivity to cultural issues, and monitor program implementation;
- Expand community programs for cost-effective public health screening, referral, counseling, and health awareness;
- Develop literacy-appropriate and culturally sensitive programs for each group;

- Realize that even though many people speak English, they may prefer to communicate about health in their native language; and
- Identify community values, beliefs, expectations, attitudes, coping strategies, and norms, and apply them to interventions and prevention strategies.

Minorities in the Health Care Professions

There is a shortage of minority professionals in the health care delivery system.

Implementation Strategies

- Provide more exposure to health career opportunities for minorities;
- Increase efforts to recruit, train, and place minorities in the health care professions; and
- Develop training and outreach sites, such as health promotion centers, where minority interns can be trained, high school students can observe minority health care professionals, and the lay community can take a vested interest.

Developing Linkages and Partnerships

Local, state, Federal, community, and tribal partnerships are essential to the prevention, treatment, and control of hypertension.

Implementation Strategies

- Develop linkages with Federal, state, local, and community officials, as well as special task forces, who can serve as resources for materials and data, help community members perform studies and implement strategies, and be instrumental in getting members of the community involved in health policy;
- Encourage grassroots involvement and individual responsibility;
- Develop partnerships with local universities;
- Identify tribal structure and elders in the American Indian and Alaska Native communities who can be instrumental in implementing research, prevention, treatment, and control programs, and who can serve as a conduit to the rest of the tribe; and
- Be professional and honest, and establish and maintain trust with individuals and communities.

Role of Alternative Medicine in Community Intervention

Traditional and alternative medicine, which include folk medicine and healing practices common to Asian and Pacific Islanders, Hispanics, and American Indians and Alaska Natives, should be examined for potential clinical

benefit. When formulating intervention strategies, the following questions should be considered:

- What are the belief systems and views of the community?
- How might these beliefs be incorporated into an intervention strategy?
- What role can community elders and traditional healers play in formulating an intervention strategy?
- What specific clinical benefit can be identified in a traditional healing intervention?

Conclusion

Cultural values and norms are important, and family and community infrastructure are useful in understanding factors that affect health knowledge, attitudes, and behaviors as they pertain to hypertension. Preventive services and health care should be available and affordable in order to meet the needs of culturally diverse populations. Rather than always remaining passive recipients, members of minority communities need to take initiative and responsibility as partners in the delivery of health care and preventive services.