

# Development and Pilot Test of a Chinese Medicine as Longevity Modality (CALM) Videos in Improving Hypertension Management in Chinese Immigrants: Feasibility of Educational and Storytelling Videos

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**Abstract**—Currently, there are minimal educational materials customized for first-generation Chinese immigrants on hypertension management. The San Francisco Bay area has an increasingly large population of first-generation Chinese immigrants. Thus, the need for culturally sensitive and appropriate educational materials is critical for this vulnerable population to manage their hypertension. The aim of this study was to update and test the feasibility of the Chinese Medicine as Longevity Modality (CALM) DVD videos, including: 1) a patient education program using a Powerpoint file, conveyed via a video format; and 2) a storytelling video. The feasibility of the CALM videos was assessed by individual interviews using structured, open-ended questions to determine the participants' comprehension of the video content and offering feedback and suggestions for the refinement of the videos. Findings generally demonstrated helpfulness of the proposed intervention protocol suggesting that educational materials that are culturally sensitive and appropriate are beneficial for the target population.

**Keywords**-component; Chinese Immigrants; Chinese Medicine; Storytelling; Hypertension; Patient Education

## I. INTRODUCTION

In the United States (US), approximately 80 million adults are living with hypertension (HTN) [1]. HTN is diagnosed when a patient has a systolic/diastolic blood pressure (BP) greater than or equal to 140/90 mm Hg [1]. This condition can lead to heart attack, stroke, and death if not treated appropriately [2]. More than 2 million first-generation Chinese reside in the US [2]; among them, roughly 40% have been diagnosed with HTN [3,4], compared to 29% in the general population [5]. However, only half of first-generation Chinese

immigrants have their HTN well controlled [6,7]. First-generation Chinese immigrants will be referred to Chinese or Chinese immigrants thereafter.

At present, there are limited patient education programs customized for Chinese immigrants in HTN management. Culturally appropriate and feasible strategies need to be developed to assist Chinese immigrants in managing their elevated BP due to their unique cultural health practices and beliefs that may affect its management [6]. The San Francisco Bay area is home to an increasingly large number of Chinese immigrants; it is feasible to have a culturally sensitive, HTN management program for these people.

Given this, the authors developed an educational along with a storytelling video to help this population better manage their HTN. The Chinese Medicine as Longevity Modality (CALM) DVD contained two parts, "Introduction of Chinese-Specific HTN Management" and "Storytelling." Part 1 of the DVD<sup>9</sup> entails the following:

- 1) *General strategies of managing HTN incorporating Chinese health practices (e.g., performing Tai-Chi).*
- 2) *Reduction of salt intake by replacing salt with Chinese herbs and spices.*
- 3) *Importance of adherence to antihypertensive medications to achieve optimal BP control.*

Part 1 of the DVD used Powerpoint slides to depict educational materials using colorful pictures to enhance the readability of the content with audio narrative in Chinese. In addition, the culturally appropriate music played in the

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background in this video. Nonetheless, a Powerpoint presentation video alone is not as effective as a personalized storytelling video [10,11]. We proposed to create Part 2 of the DVD by involving Chinese storytellers to further enhance the persuasiveness and effectiveness of the CALM intervention.

Part 2 of the DVD featured Chinese storytellers who described living with HTN and shared personal stories about how they have successfully managed their HTN. Part 2 of the DVD differed from Part 1 (general information on HTN management) by focusing on the following:

- 1) *How the storytellers successfully incorporated what they learned from the didactic educational content in Part 1 into their HTN management.*
- 2) *Major challenges they encountered in HTN management.*
- 3) *How they overcame these challenges.*

Thereafter, Part 1 or the first video will be used interchangeably to refer to the Powerpoint educational video. Part 2 or the second video will be used interchangeably to refer to the storytelling video.

The aim of this study was to evaluate the DVD containing educational and storytelling videos about HTN management and tips on how to prevent further complications. Interview data from 21 newly recruited Chinese immigrants were used to improve content and clarity of the DVD.

## II. METHODS

### A. Sample and Setting

The target population for this study was Chinese immigrants living in the San Francisco Bay area. Inclusion criteria were:

- 1) *40 years of age or older.*
- 2) *Diagnosed with HTN for at least one year.*
- 3) *Currently taking at least one prescribed Western, antihypertensive medication on a daily basis.*
- 4) *Able to speak or read Mandarin:* Those who were medically unstable or had memory issues were excluded from the evaluation.

A sample of 21 participants was recruited. The sample size was justified and chosen based upon the previously conducted pilot study[9].

### B. Recruitment

Convenience sampling via professional referral, such as referral from healthcare providers, staff and community leaders, and personal referral, such as word-of-mouth by patients, was used to recruit participants. For those who made contact and agreed to participate, the trained research assistant (RA) set up a visit with the participant to take part in the interview and obtain a written consent. The RA explained the study's purpose, procedures, and the right to decline participation to the study. No participants who were eligible to partake in the study declined participation; there were 21 people in the final sample.

### C. Procedure

During the visit with the participant, the RA, who was bilingual in English and Mandarin, obtained a written consent indicating agreement to participate. The participants first completed self-reported questionnaires on the following variables:

- 1) *Sociodemographic and cultural data, such as age, gender, and cultural beliefs.*
- 2) *Technology use behavior, such as use of an electronic device and social media.*
- 3) *Clinical data, such as information on antihypertensive medications prescribed.*

The RA double-checked to make sure the questionnaires were fully and properly completed. Then, the RA measured the participants' BP twice in the sitting position using a mercury sphygmomanometer and applying standard procedures suggested by the Joint National Committee VII [12]. The RA averaged the two readings, which served as baseline data. If the two BPs were more than 5 mm Hg different, then another BP was taken and the average of the three was recorded. The intervention nurse (a different staff member from the RA) then invited the participants to watch both Part 1 and Part 2 DVD videos after which time was provided for the participants to ask questions about the DVD or HTN management. The principal investigator (PI) created a script for the nurse to conduct the visits, starting from watching the DVD videos to discussing any HTN-management related concerns. Scripted probes reduced the nurse's bias toward participant responses. Topics for discussion included common barriers to HTN management (i.e., if herbs are perceived as superior to Western drugs) and strategies to enhance medication adherence. The nurse suggested modifications to lifestyle and strategies that facilitated adherence such as important religious rituals as reminders to take their antihypertensive medications on time. After the participants finished watching the DVD videos, the nurse conducted individual interviews using structured, open-ended questions to determine characteristics such as the participants' comprehension, usefulness of the DVD videos, and feedback of the video content in addition to suggestions for refining the content for future studies. These one-on-one interviews were audiotaped. The questions asked during the interviews regarding helpfulness and appropriateness of DVD content to Chinese immigrants stemmed from a document that the PI generated to ensure consistency of questions across different participants and to reduce the researchers' bias in interpreting questions.

Towards the end of the visit, the nurse gave the participants a \$25 gift card as a thank you. The entire visit for each participant took about 2 to 3 hours. Of the 21 interviews, 9 of them were conducted in the participants' home. The remaining 12 interviews were conducted in a senior home community center.

### C. Data Management and Analysis

Data were collected from the participants' self-reported questionnaires for demographic information and evaluations of

the CALM DVD content. The latter included two types of questions:

1) *Closed-ended questions, which were rating of the content.*

2) *Open-ended questions, which elicited comments about the DVD.*

Demographic data and evaluation of the DVD content were analyzed using descriptive statistics with IBM SPSS Statistics version 23.0 (IBM, Inc., Armonk, NY, USA). The RA transcribed the interviews that were audiotaped verbatim and independently analyzed them using thematic coding. Coding and classification continued until no new information had emerged and the categories were “saturated.”

### III. RESULTS

#### A. Demographics

The participants ranged from age 46 to 88 (mean age was 70.90 [± 10.09] years), with the majority being women (67%). A large number of the participants were computer users (90%), married (76%), retired (71%), and born in China (67%). About 90% used an electronic device, such as a computer or an iPad. Of the 90% that used an electronic device, many participants used social media, including email (71%), LINE (38%), Facebook (33%), and WeChat (19%). The average number of years the participants had lived in the US was 29.81 (± 14.50) (ranging from 5-56). The participants had a HTN diagnosis for an average of 14.81 years (± 9.21) (ranging from 4-40). The average systolic and diastolic BPs were 135.00 (±15.02) (ranging from 105.00-158.00 mmHg) and 78.46 (±13.77) (ranging from 52.33-106.50 mm Hg), respectively.

#### B. Evaluation of the Educational Video (Part 1 of the DVD)

After watching the videos, the participants rated the overall helpfulness of the educational (Part 1) video based on a 1- to 5-point Likert scale, with 1 being extremely unhelpful, and 5 being extremely helpful. In regards to the helpfulness of Part 1 video, 14% scored the video neutral; 48% thought it was helpful; and 38% rated the video as being extremely helpful. None of the participants rated the video as being extremely unhelpful or unhelpful (Table I).

The participants also scored the length and content of Part 1 video using the Likert scale, with 1 being extremely inappropriate and 5 being extremely appropriate. Regarding the length of the video, none thought it was extremely inappropriate or inappropriate, 10% were neutral, 57% felt it was appropriate, and 33% rated as extremely appropriate (Table I). As for the content of the video, none thought it was extremely inappropriate or inappropriate; 10%, 43% and 48% thought it was neutral, appropriate and extremely appropriate, respectively (Table I).

The open-ended questions provided a great deal of qualitative (narrative) information about the helpfulness of Part 1 video. Table II lists the qualitative comments of Part 1 video.

TABLE I. HELPFULNESS OF PART 1 DVD VIDEO (EDUCATIONAL VIDEO) – QUANTITATIVE EVALUATION (TOTAL N=21)

	Extremely unhelpful	Unhelpful	Neutral	Helpful	Extremely helpful
Overall helpfulness n (%)	0	0	3 (14)	10 (48)	8 (38)
	Extremely Inappropriate	Inappropriate	Neutral	Appropriate	Extremely appropriate
Length n (%)	0	0	2 (10)	12 (57)	7 (33)
Content n (%)	0	0	2 (10)	9 (43)	10 (48)

1) *Medication Management:* The participants commented that the first (Part 1) video was helpful in that it included relevant information about HTN medication management. A few of the participants said the video was helpful in “lowering my blood pressure” and reinforced the need to “take my (HTN) medications on time” and to “not stop [taking the HTN medications] on my own.”

2) *General Knowledge about HTN:* The participants had positive comments regarding the video’s educational content about HTN. The first (Part 1) video had a lot of information about HTN, which one participant said “was the quickest way to provide information.” One participant said, “This general knowledge was very important.” Another participant said that after she watched this, she now knows “a lot more about high blood pressure.” Another participant liked how the video “inform[ed] us about the signs that indicate HTN, to be aware of what will happen.” Another participant thought “the part about Chinese medicine that might clash with Western medicine,” was helpful.

3) *Diet and Exercise:* The participants thought the first video included pertinent information about diet and exercise. For example, some participants liked how the video discussed salt. One participant said, “The daily intake amount of salt stood out to me.” Another said, “Watching this video made me more aware of eating less salt.” One participant said that her “doctor rarely discussed my diet with me,” so this video was very beneficial for her. Several participants mentioned how the video talked about eating “more fish” and “more plainly, and not too much salty food” or “too much red meat.” In terms of exercise, the participants were reminded via the video “to do more and regular exercise, at least 3 times per week and 30 minutes per time.”

4) *Listen to your Doctor:* The first video was beneficial in that it reinforced for the participants to “listen to and follow what the doctor says.” One participant even said, “I really need to listen to my doctor and take Western BP medications.” Another participant said that because the video mentioned “not to stop medications on my own...not lowering doses, it’s better to ask for help from my doctor.”

5) *Managing your Blood Pressure:* Some participants said that the video was helpful in “lowering my blood pressure.” A participant said the video was helpful in that “it said to measure my blood pressure at the same time.” Another

TABLE II. HELPFULNESS OF PART 1 DVD (POWERPOINT VIDEO) – QUALITATIVE COMMENTS

<b>Medication management</b>	
•	Reinforce to take HTN medications on time
•	Reinforce to not stop taking the HTN medications on our own
<b>General knowledge about HTN</b>	
•	Provides important information about general management of HTN
•	Inform us about the signs that indicate HTN, to be aware of what will happen
•	The part about Chinese medicine might clash with Western medicine was helpful
<b>Diet and exercise</b>	
•	Watching this video made us more aware of eating less salt
•	Doctor rarely discussed diet so the video was very beneficial
•	Eating more fish and more plainly, and not too much red meat
•	Doing more and regular exercise, at least 3 times/week and 30 minutes/time
<b>Listen to our doctor</b>	
•	Listen to and follow what the doctor says (e.g., how and why take HTN medications)
•	Not to stop medications on our own (should consult our doctor first)
<b>Managing our blood pressure</b>	
•	Help us control and take care of our blood pressure
•	measure our blood pressure at the same time

participant said this video could “help us control and take care of our blood pressure.”

C. Evaluation of the Storytelling Video (Part 2 of the DVD)

The overall helpfulness of the storytelling (Part 2) video was also rated the same way as the educational (Part 1) video, using a 1- to 5-point Likert scale, with 1 being extremely unhelpful and 5 being extremely helpful. None of the participants viewed the video as being extremely unhelpful or unhelpful. While 5% felt neutral about the video’s helpfulness in managing their HTN, 43% and 52% viewed the video as being helpful and extremely helpful, respectively (Table III).

In regards of the participants’ acceptability on Part 2 video’s length and content, these were scored using the Likert scale, with 1 being extremely inappropriate and 5 as extremely appropriate. Regarding the length of the video, none thought it was extremely inappropriate or inappropriate, 20% were neutral, 33% felt it was appropriate, and 48% rated as extremely appropriate (Table III). As for the content of the

TABLE III. HELPFULNESS OF PART 2 DVD (POWERPOINT VIDEO) – QUANTITATIVE EVALUATION (TOTAL N = 21)

	Extremely unhelpful	Unhelpful	Neutral	Helpful	Extremely helpful
Overall helpfulness n (%)	0	0	1 (5)	9 (43)	11 (52)
	Extremely Inappropriate	Inappropriate	Neutral	Appropriate	Extremely appropriate
Length n (%)	0	0	4 (20)	7 (33)	10 (48)
Content n (%)	0	0	1 (5)	11 (52)	9 (43)

TABLE IV. HELPFULNESS OF PART 2 DVD STORYTELLING VIDEO)

<b>Relating to real life</b>	
•	Using real experiences to depict these stories were strong and convincing
•	We connect better with patients especially those who have been through the experience personally
<b>Stroke-related information: Signs/symptoms, treatment, and recovery</b>	
•	Not take (HTN) medications on time could lead to some serious issue (e.g, stroke)
•	Witnessing storytellers sharing their personal stories about good recovery from stroke is very encouraging and positive.

video, none thought it was extremely inappropriate or inappropriate; 5%, 52% and 43% thought it was neutral, appropriate and extremely appropriate, respectively (Table III).

The summary qualitative (narrative) comments about the helpfulness of the storytelling video (Part 2) are shown in Table IV. The detailed description of the qualitative comments is discussed below.

1) *Relating to Real Life:* The storytelling video presented real people who have experienced HTN-related complications, such as stroke. They shared their stories about the major challenges in their lives during that time. One participant liked how “using real experiences to depict these stories were strong and convincing.” Another participant said it was “trustworthy to hear advice from doctors, but as audience we connect better with patients especially those who have been through the experience personally.”

2) *Stroke-Related Information: Signs/Symptoms, Treatment, and Recovery:* The participants stressed that they learned an important point: “The first 3 hours is prime time for [stroke] treatment.” One participant liked how the video talked about “how some people could have no signs and symptoms at all even if they have HTN, which could lead to serious issues (stroke, fall, and after effects of a stroke, such as paralysis of limbs) if they do not take (HTN) medications on time.” Witnessing storytellers shared their personal stories after they had a stroke, one participant commented, “very encouraging to see that they recovered so well. They did not look like they were sick at all.” Another participant stated, “Seeing these people recover is very positive. The old man who was 86 years old; he worked hard to get a full recovery.”

D. Evaluation of Both the Educational (Part 1) and Storytelling (Part 2) Videos

We also evaluated the importance of the CALM DVD videos to the participants. The results are shown in Table V.

TABLE V. WHICH VIDEO WAS THE MOST IMPORTANT TO THE PARTICIPANTS (TOTAL N = 21)

Videos	n (%)
Part 1 video: Educational Video	8 (38)
Part 2 video: Storytelling Video	1 (5)
Both videos	12 (57)

As mentioned earlier, the CALM DVD includes two videos: a patient education program utilizing a Powerpoint file and delivered via a video format (Part 1) and a storytelling video (Part 2), both of which were tailored to our target population in hopes to improve their HTN management. The participants were asked to vote to choose whether Part 1 video, Part 2 video, or both videos were the most important in helping them manage their HTN, as shown in Table V. In brief, the majority (nearly 60%) thought both videos were important to them. Nearly 40% thought the first video was the most important; a small portion (5%) thought the second one was the most important.

The participants were also asked to provide their qualitative (narrative) comments about helpfulness of using both of the videos. Table VI illustrates the themes that the participants stated regarding the overall helpfulness of both videos, which can demonstrate the overall feasibility of the CALM DVD.

1) *Videos Complemented Each Other:* Part 1 video included educational material while Part 2 video integrated storytellers to share their personal stories related to HTN and stroke. The majority (57%) voted that both videos were equally important in helping them with their HTN management suggesting that both CALM videos are appropriate and feasible for Chinese immigrants. One participant said both videos “were important...and that they complemented each other well.” One participant stated, “The first one provided information about the general information about HTN management because it has a lot of pathophysiology knowledge and (related) data on how to control HTN. The second one spoke to how to prevent a stroke and recognize signs/symptoms (of a stroke). The second one acts as warning and is very practical. It (Part 2 video) lets you know that if you don’t manage your BP, you will get a stroke...They complement each other.” Another participant mentioned that

TABLE VI. WHICH VIDEO WAS THE MOST IMPORTANT TO THE PARTICIPANTS (TOTAL N = 21)

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***Videos complemented each other***

- The first video provided information about the general information about HTN management containing knowledge on pathophysiology about how to control HTN
  - The second video spoke to how to prevent a stroke and recognize signs/symptoms (of a stroke). The second one acts as warning and is very practical
- 

***Reinforced their usual routine***

- Refresh knowledge and reinforce what was told by the doctor
- 

***Better Understanding with clear content***

- The videos have subtitles... stressing the important points
  - The videos are organized and systematic
- 

***The participants can relate to storytellers***

- Recognize that not taking HTN medication can lead to higher BP and complications, such as stroke
  - It is actual people who had these incidents are here telling us their stories. It’s not doctors who are saying these things to us; actual people are good
  - Their stories were very vivid, real, and authentic
- 

both videos were important because “they complement each other, the information (the knowledge) with personal experience justified confidence that he is following the right routine.”

2) *Reinforced Their Routine/Reminder:* The participants liked the videos in that they reinforced what they are currently doing or reminded them of their usual routine to help manage their HTN in that they should continue healthy living as is. While one participant said, “the videos reminded us to stick with the healthy living patterns,” another said the videos “helped because this is what I’ve been doing as well.” These videos have also helped one participant because it “refreshed my knowledge.” The participants thought the content aligned with the message delivered by their healthcare providers so that the DVD content can serve as reinforcement. One participant said the “second video taught me to be cautious about potential complications, such as stroke, due to uncontrolled HTN.”

3) *Better Understanding with Clear Content:* Both videos were helpful to the participants in that “the wording is clear,” and “tight and very detailed.” Over a third (38%) liked the first video more than the second one because “it has subtitles...it stresses the important points.” One participant said the subtitles “helped me understand the content.” Another participant felt that the first video was the most important in helping her manage her HTN because “it is organized and systematic.” Another participant said, “the first video is the most important because it tells you to take your medications following the instructions prescribed by your doctor. The second part is also important about reducing fat, cholesterol, and salt in our diet.”

4) *The participants Can Relate to the Storytellers:* A small portion of the participants (5%) that liked the second video more than the first video due to its relation to real stories and experiences. One participant thought it was “very helpful because I saw what others experienced after not taking their BP medications, and I need to prepare myself, and this video helped me recognize what to look out for and what to do in a situation like that.” Another participant said, “It is actual people who had these incidents. It’s not doctors who are saying these things to us; actual people are good.” With the storytellers being real people who had HTN, a participant said, he “can relate to them [storytellers] really well. Their stories were very vivid, real, and authentic.”

#### IV. DISCUSSION

Overall, the participants found that Part 1 video was highly educational and a positive reinforcement to their understanding of HTN. The strengths of this video included the coverage of educational materials along with the culturally appropriate music playing in the background which helped with the effective delivery of pertinent health education to the target population.

The participants liked Part 2 video in that it portrayed real-life people with HTN and real consequences if antihypertensive medications were not taken according to their prescribed

schedules. This stressed the level of importance in taking medications on time. The participants stated that the strengths of Part 2 video were:

- 1) *Inclusion of real storytellers and their stories.*
- 2) *Its positive encouragement from seeing the people to recover so well.*
- 3) *Lots of useful information about HTN.*

The results suggested that both Part 1 and Part 2 videos were well perceived by the participants. Use of both videos simultaneously can complement each other by providing educational and real-life information regarding HTN management to reinforce the importance of having BP controlled. Thus, it is advised for the future research, use of both educational and storytelling videos is essential to help Chinese immigrants achieve optimal HTN management. Besides information on the strengths of the DVD videos, areas for improvement were also assessed:

- 1) *Make the video shorter.*
- 2) *Include information for family members who help patients manage HTN.*
- 3) *Avoid repetitive points.*
- 4) *Put the most important information at the beginning of the video.*
- 5) *Include people who did not have full stroke recoveries.*

These suggestions will be taken into consideration for further updating and refinement of the videos.

In summary, the overall goal of this study was to evaluate culturally sensitive videos to help Chinese immigrants achieve optimal BP levels. As aforementioned, the DVD videos will be refined based on the participants' suggestions. The CALM DVD, once shown to be effective in managing HTN, can be widely disseminated to Chinese communities across the US.

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