Understanding Filipino Health and Increasing Awareness for Future Advocacy

THE FILIPINO ADVOCACY AND ORGANIZING FOR HEALTH PROJECT



ASIAN HEALTH SERVICES

FILIPINO ADVOCATES FOR JUSTICE

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Filipino Advocacy and Organizing for Health (FAOH) Project

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Executive Summary

In the spring of 2008, Asian Health Services (AHS) partnered with Filipino Advocates for Justice (FAJ) and launched a health project to identify the primary health concerns for the Filipino community in Union City, California. Supported by a grant from the Tides Foundation – Community Clinics Initiative, the Filipino Advocacy and Organizing for Health (FAOH) Project was initiated in direct response to the health disparities in the Filipino community, particularly the rise of tuberculosis[1] (TB) cases among Filipinos in the Tri-city[2] area. A convenience sample of 328 respondents between the ages of 18 and 84 participated in the survey and provided valuable insights on the priority health issues in the Filipino community.

This report focuses on four major topics:

1) **Body mass index[3] (BMI), nutrition, and chronic diseases**: According to BMI standards, 50% of the FAOH respondents fall in the overweight category (BMI of 25 and above). This is likely due to diets rich in meat, saturated fat, and excessive fast food, coupled with low physical activity. Similar to the results of California Health Interview Survey[4] (CHIS), the rates for hypertension and diabetes in the Filipino population are higher than the rates of other Asian groups. It is critical to promote increased physical activity and healthy diets that break the cycle of fast food and meat-heavy dishes.

2) **Language**: Language barrier was the leading cause of patient-provider miscommunication. Approximately 95% of FAOH respondents reported they are English proficient, contradicting the data that 20% reported, *"I do not understand my doctor's advice because my doctor only speaks English."* FAOH findings underscore the need for language-concordant healthcare providers and medical interpreters for Filipino patients regardless if an interpreter is requested.

3) **Tuberculosis**: The TB screening rate among FAOH respondents (74%) was lower than the general population. In order to control TB infection, health education and outreach must emphasize the importance of routine TB screening. Understanding and addressing TB-related stigma is also necessary.

4) **Preventive health screening**: For FAOH respondents, screening rates for cervical cancer, colorectal cancer, Hepatitis B, and HIV/AIDS were lower than those of California's general population and other Asian groups. These differences highlight disparities in screening, which are crucial for early detection and treatment. The disparities seem to exist despite the large proportion of respondents with health insurance (81%), underscoring the need for targeted education around the importance of health screening.

[1]Tuberculosis or TB is a disease caused by germs that are spread from person to person through the air. TB usually attacks the lungs, but it can also damage any part of the body including the brain, spine, and kidney. TB can cause death if not treated properly (Center for Disease Control, 2011).

[2]In Alameda County, California, the Tri-city area includes the cities of Fremont, Newark, and Union City (Alameda County Public Health Department, 2007).

[3]Body mass index or BMI is a numerical indicator of body fatness. It is used to screen and foresee health problems (Center for Disease Control, 2011).

[4]The California Health Interview Survey (CHIS) is a random-dial telephone survey that asks questions on health topics. It is carried out by the UCLA Center for Health Policy Research, the California Department of Public Health, and the California Department of Healthcare Services (UCLA Center for Health Policy Research, 2013).

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Chapter 1. Introduction

Background

Filipinos are the second largest Asian group in the United States (Census Bureau, 2010) and have immigrated in large numbers since the early 20th century. Despite their large population size and historical presence in the United States, the Filipino community remains largely understudied. Only within the last 15-20 years has preliminary research highlighted longstanding and emerging health disparities in the Filipino population with respect to cardiovascular risk (Ryan et al., 2000). The heterogeneity of Asian and Pacific Islander groups and their unique needs are often overlooked because many studies do not disaggregate data pertaining to specific ethnic groups under the classification "Asian/Asian-American." However, the underrepresentation of Asians, particularly Filipinos, in ongoing health surveys, such as the National Health Information Survey (NHIS) and the National Health and Nutrition Examination Survey (NHANES), results in either unknown or relatively small sample sizes for Filipinos.

In 2008, the Alameda County Public Health Department reported 156 new cases of TB. Of these cases, 76% were foreign born residents originating from high prevalence countries, such as the Philippines, China, Vietnam, India, and Mexico. Approximately, 14% were born in the Philippines and many were clustered along the upper half of the I-80 corridor to Southern Alameda County, towards the cities of Hayward, Union City, and Fremont. This raised a red flag among health advocates because TB and its transmission can be an indicator of other poor health determinants, such as overcrowded housing, lack of access to healthcare, and co-morbid chronic conditions. The excess TB cases relative to the size of the Filipino community warranted further investigation into the health status of Filipinos in the area.

In response, Asian Health Services (AHS), a community health center based on Oakland, and Filipino Advocates for Justice (FAJ), a community organization involved in youth empowerment and risk-reduction in Union City, formed the Filipino Advocacy and Organizing for Health (FAOH) Project. The objective of the FAOH Project was to identify the most pressing health problems of Filipinos and formulate a

healthcare agenda around which to organize and advocate. The project focused on the local areas around Union City, where Filipinos constitute 21% of the population (Census Bureau, 2010). Union City was a suitable location to undertake the study due to the involvement of FAJ in the local community, the high density of Filipinos in residential and commercial areas, and the engagement of a Filipino parish and other stakeholders.

The Filipino Advocacy and Organizing for Health (FAOH) Study

The FAOH Project is a descriptive, cross-sectional survey of the health status of Filipinos in Union City. A copy of the survey is at the end of this report. Criteria for participation included:

1) Respondent self-identifies as Filipino
2) Respondent is age 18 or over
3) Respondent lives or works in Union City

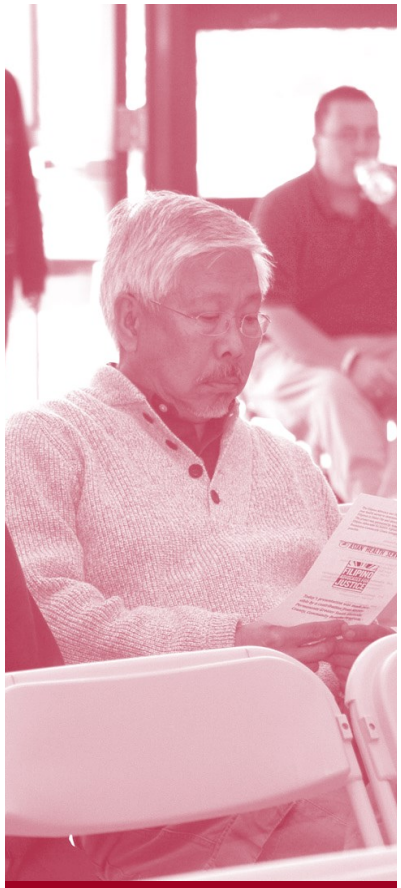
Participation was limited to one respondent per household. The study was designed as a convenience sample and age-adjusted based on the 2000 Census profile of Filipinos in Union City. Area non-probability sampling, specifically snowball sampling or recruiting from personal referrals, was used to draw participants. Outreach focused on the west side of the city where Filipino concentrations are readily apparent in parishes, apartment blocks, neighborhoods, and commercial areas. Churches, Filipino cultural events, care homes, and venues on the east side were also targeted. A $20 gift certificate was given for each completed questionnaire. The initial goal was to recruit 250 respondents, but surveyors and volunteers oversampled (age-adjusted) and had a final count of 328 respondents. This was one of the largest surveys conducted to exclusively study Filipino health.

The survey instrument was a comprehensive questionnaire containing 110 confidential questions that covered health history, health access, mental health stressors, nutrition habits, and demographics. The survey, which took approximately 30 to 40 minutes to finish, was available in English and Pilipino[5]. Verbally-informed consent was obtained from participants prior to taking the survey. Respondents had the option of self-administering the survey or sitting down for an interview with trained FAOH staff. For self-administered surveys, respondents had the option of taking home and returning the survey by mail, or to designated persons and drop-off points. Face-to-face interviews were largely conducted with older respondents, seniors, and those who needed Pilipino interpretation. This method was preferable for obtaining more accurate medical information.

FAOH Study and Research Data Biases

There are some considerations that should be noted when interpreting the survey results:

1) Because this was a convenience sample, recruitment reflected venues or events where Filipinos were visibly overrepresented. Therefore, there was an inherent bias towards Filipinos who patronized these businesses and locations. The underrepresented population consisted of Filipinos who preferred to shop in mainstream supermarket chains instead of Filipino food marts, maintained



a religious affiliation other than Roman Catholic, and expressed concerns about the confidentiality of the survey and its implications on their immigration status.

2) There were limitations in the quality and accuracy of self-reported responses, particularly in relation to medical histories, medical diagnoses, and health screenings. The accuracy largely depended on the respondents' health literacy, memory, and English proficiency. For instance, the survey did not provide a respondent the opportunity to ask a live interviewer questions or clarifications. Colonoscopy, for example, is not a layman term, so it is possible that the rate of colorectal cancer screening was underreported for insured individuals ages 50 years and over. A live interviewer could have made a simple description of the procedure and may have obtained a different result. Self-reported respondent data was not validated with medical records due to resource limitation.

3) Another concern was the presence of social desirability bias or tendency to answer questions in the manner that is most socially acceptable to others. In contrast to the interview-administered surveys, self-administered surveys were more likely to minimize social desirability bias.

[5]The term "Pilipino" is used to describe the language and dialects native to the Philippines because there is no letter "F" in the Philippine alphabet. "Filipino" is the English translation used to identify immigrants from the Philippines and their descendants. While "Tagalog" is widely viewed as the most prevalent and recognizable Pilipino dialect, there are more than 70 unique dialects native to the different regions of the Philippines.

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Chapter 2. Body Mass Index, Nutrition, and Chronic Disease

Background

Various studies have shown that Filipinos have the highest BMI compared to other Asian groups with the exception of non-Hawaiian Pacific Islanders (California Asian Pacific Islander Joint Legislative Caucus, 2009). This trend actually begins prior to immigration: 25% of Filipinos in the Philippines over the age of 24 are considered overweight or obese (Food and Nutrition Research Institute, 2004). For first-generation Filipino immigrants, length of stay in the United States correlates with weight gain (Lauderdale and Rathouz, 2004). For U.S.-born Filipinos, high BMI has been linked to unhealthy eating habits developed as they assimilate into American culture (Arguete, 2007).

A leading objective of the FAOH community health survey was to describe lifestyle behaviors and identify determinants that lead to obesity and associated diseases by means of a 9-part nutrition and exercise questionnaire.

Findings

Based on self-reported height and weight measurements, 50% of FAOH respondents are classified as overweight or obese (BMI equal to, or greater than 25). This is comparable to the results of the California Health Interview Survey (CHIS, 2009), which found 48% of Filipino respondents to be overweight or obese. Among all Asians, 63% had normal weight and only 31% were either overweight or obese. Table 2.1 below elaborates on this data.

BMI categories	CHIS Filipino	CHIS all Asians	CHIS all Californians	FAOH
0-18%	3%	6%	2%	0%
18-24%	49%	63%	42%	50%
25-29%	35%	24%	34%	39%
> 30%	13%	7%	22%	11%
Total	**100%**	**100%**	**100%**	**100%**

Table 2.1: BMI Distribution

Low nutrition literacy (lack of understanding of food labels) and cultural preferences influenced many FAOH respondents' dietary decisions. For example, although over half of respondents *"always-often"* read food labels and 70% were influenced by food labels when shopping, canned meat products topped the list of most consumed meats. Among respondents, 60% ate at a fast food establishment 1-3 times per week. Similar results were observed among Filipino CHIS participants — 67% ate out 1-3 times per week compared to 52% of Korean, 58% Japanese, and 54 % Chinese respondents.

Demonstrating the clearest connection yet between food, weight, and health outcomes, respondents were asked what foods they preferred and frequently ate at home or at restaurants. Over 800 food entries were classified according to the main ingredient and the values totaled to yield the following

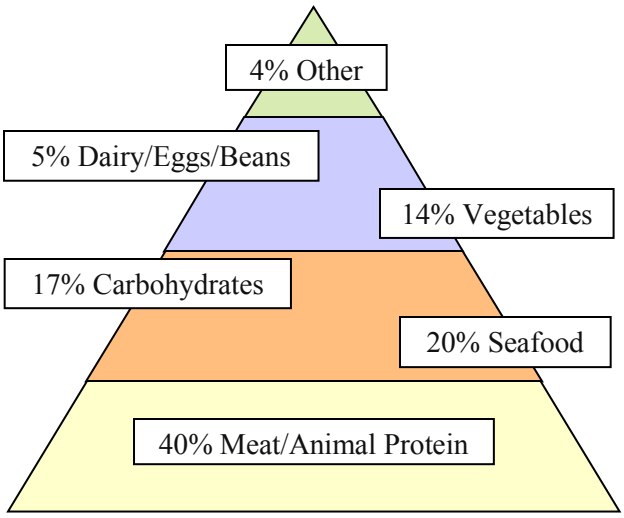

Figure 2.2: Favorite foods of respondents

Figure 2.3: Carioca (sweet fried sticky rice balls) and Banana-cue (fried caramelized bananas on a stick).

Figure 2.4: Crispy Pata (Deep fried pork hocks) in the foreground and Pork Afritada Stew.

breakdown: 40% were meat-based, 20% seafood, 17% carbohydrates, 14% vegetables, 5% dairy/eggs/ beans, and 4% other (Figure 2.2, examples found in Figure 2.3 and Figure 2.4). The shift from the traditional fish/rice/vegetable-based diet to a meat-based diet reflects the greater affordability and availability of meat to immigrants and the adaptation of Western dietary norms. Unfortunately, this shift is also associated with higher all-cause mortality rates.

Finally, respondents were asked about exercise habits. Although 94% claimed to exercise on a weekly basis, this constituted lower-impact activities like light walking. At least 51% exercised 3 times a week in some structured activity, nearly half of whom were in the 18-29 years age range. Again, 67% of

Diagnosis	FAOH	CHIS Filipino	CHIS Asian	CHIS California
Hypertension	30%	34%	22%	26%
High cholesterol	17%	28%	n/a	n/a
Diabetes	11%	13%	8%	9%

Table 2.5: Top Health Concerns within the Filipino Population

respondents considered obese (with BMI greater than 30), were significantly less likely to exercise.

Unhealthy eating habits and high BMI can have long-term, debilitating effects. Of the FAOH cohort, 58% reported having a chronic health condition or illness. Table 2.3 at the bottom of the previous page breaks down the top three diagnoses reported by incidence. Comparative data from the 2009 CHIS ranks Filipinos as having higher rates of hypertension and diabetes compared to other Asian groups and all CHIS participants. Obese and overweight FAOH participants were 33% more likely to have high cholesterol than normal weight respondents.

Conclusions

The FAOH data confirmed what other state and national health studies have already found: Filipinos have higher rates of chronic cardiovascular and metabolic diseases than other Asian groups because of elevated BMI, diets rich in meat and/or saturated fat, fast food habits, and inadequate exercise.

Recommendations

Reversing these troublesome trends requires a long-term investment among all stakeholders, including the local community, state/city health agencies, church-based groups, and healthcare providers. Targeted education towards the Filipino community about healthy eating habits will encourage them to adopt the following:

1) **Heart-healthy diets**: Initiatives, messages, and strategies to promote healthy eating based on vegetables, whole grains, fish, and lean meats need to target Filipino communities. There is a well-founded notion that Filipino food is greasy. Dr. Felcar Morada, a physician in Glendale, lamented: "Meat is the primary staple food in every Filipino dish. It is always cooked in oil with very little vegetables, very little fruit and lots of salt." There is a need to rediscover and reclaim the simple and fresh Filipino food that predecessors — farmers and fisher folk — ate before the abundance of meat and processed foods came into play. Popularizing healthier versions of national dishes, increasing the amount of vegetables in main dishes, and using whole grains are just a few ways to recreate Filipino cuisine.

2) **Bring awareness**: Developing a healthier diet also means developing an awareness of why the Filipino diet had become so unhealthy in the first place. Colonizers from Spain and later the United States conditioned Filipinos to accept Western foods and nutritional norms as superior to their own. Even after independence, the Philippines became a ready market and dumping ground for imported food commodities like canned meat and processed dairy. Eventually, these preferences blunted the development of a vibrant indigenous cuisine and food industry.

3) **Nutrition literacy**: Filipinos base purchase decisions on costs as well as marketing. Raising literacy about nutritional content, recommended daily allowances, types of fats, additives, and

preservatives, especially when it comes to processed foods, would help Filipinos become better educated consumers.

4) **Break the fast food habit**: Most of the anecdotal reasons why Filipinos frequently visit fast food restaurants relate to convenience as well as the status associated with eating at internationally-branded fast food chains. Consumer campaigns to compel fast food chains to offer better choices and list the caloric and nutritional content of dishes are other ways of raising nutritional literacy.

5) **Active lifestyle**: Forming walking clubs or exercise groups is important for all ages, not just for the body-image conscious youth. Social isolation, lack of safe public spaces, long working hours, and lack of knowledge of local fitness resources are some factors that inhibit adults, especially older adults, from embarking on a regular exercise program.

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Chapter 3. Language

Background

According to the 2000 census, approximately 18% of U.S.-residents spoke a language other than English at home. Lack of patient-provider language concordance has proven to cause low-quality healthcare for limited English proficient patients (Ngo-Metzer, 2007). Furthermore, language barriers contribute to *"decreased patient access, satisfaction, comprehension, and adherence, as well as an increased risk of errors, inappropriate utilization, and higher costs"* (Jacobs, 2007).

The Filipino community in the United States is overwhelmingly composed of immigrants and reflects the changed realities about English use in the Philippines. With the exception of second-generation immigrants, most Filipino households consider English as a second language. In the past 40 years, the use of everyday English has declined. A study carried out by the Social Weather Survey in the Philippines reported a decline in all aspects of English proficiency, particularly in the ability to speak English. In 1993, 56% of Filipino adults spoke English. This figure declined in 2000 (54%) and in 2006 (32%) partly due to nationalist campaigns that promoted Pilipino as the official language (Mclean, 2010).

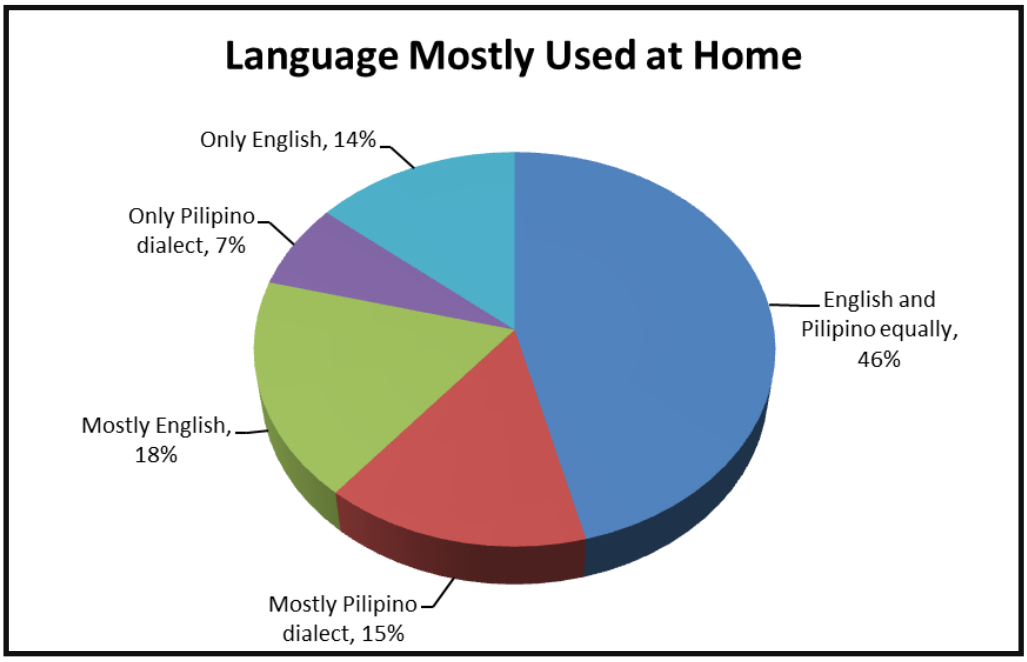
The need for Pilipino-English interpretation is under-recognized in medical settings due to a widespread assumption that English is one of the official languages of the Philippines. The FAOH Project attempts to determine if language discordance is a barrier to medical care for the Filipino community.

Findings

1) **Language use at home (Table 3.1)**: When respondents were asked what language they mostly use at home, 32% said mostly English or English only, 22% said mostly Pilipino or a Pilipino dialect only, and 46% said both English and Pilipino. The following table (Table 3.1) demonstrates that for most FAOH respondents, English is considered a second language. Additionally, it is common for both languages to be spoken at home because of mixed-generation households (U.S.-born and immigrants). This finding is consistent with the CHIS data.

	FAOH Count (N=328)	FAOH Percent	2000 CHIS Data
English and Pilipino Equally	152	46%	54%
Mostly English	58	18%	
Mostly Pilipino Dialect	50	15%	
Only English	46	14%	38%
Only Pilipino Dialect	22	7%	3%
Total	**328**	**100%**	

Table 3.1 (Above) and Figure 3.1 (Below): Language Used at Home



2) **Self-reported English proficiency (Table 3.2)**: The majority of FAOH respondents appeared to have high proficiency in spoken English. When respondents were asked to evaluate their English proficiency, 65% indicated that they spoke English very well, 30% well, and 5% not so well or not at all. This was found to be consistent with CHIS data.

	FAOH Count (N=328)	FAOH Percent	CHIS Data (2000)
Not at all or not so well	15	5%	5%
Well	99	30%	43%
Pretty well or very well	214	65%	52%
Total	**328**	**100%**	**100%**

Table 3.2: Ability to Speak English

3) **Communication with healthcare provider (Table 3.3)**: 78% of FAOH respondents used English to communicate with their healthcare provider. Moreover, 2% used a Pilipino dialect only and 20% used a mix of English and a Pilipino dialect.

	FAOH Project Count (N=328)	FAOH Project Percent
English Only	258	78%
Mix of English and Pilipino	64	20%
Pilipino Dialect Only	6	2%
Total	**328**	**100%**

Table 3.3: Communication with Healthcare Provider based on Language Spoken

Only 4% ever used an interpreter (usually a family member) when communicating with their healthcare provider. Although the majority of FAOH respondents considered themselves to be proficient English speakers, it is important to emphasize that 20% of them used both English and Pilipino to communicate with their provider (Table 3.4).

	Count (N=328)	Percent		Count (N=13)	Percent
No	316	96%	Family Member	10	3%
Yes	12	4%	Filipino Employee	3	1%
			Friend	0	
			Professional Interpreter	0	
Total	**328**	**100%**	**Total**	**13**	**4%**

Table 3.4: Used an Interpreter in a Medical Setting

Interestingly, when respondents were asked to rank the most likely reason a patient would not understand one's doctor, 20% of both U.S.-born and first-generation respondents chose, *"The doctor speaks only English."* This implies the preference for patient-provider language concordance or medical interpretation despite self-reported proficiency in English (Table 3.5).

Explanation	Count	Percentage
The doctor speaks only English	67	20%
The doctor does not explain much and is always rushing	65	20%
Patient is too shy or embarrassed to ask questions	61	19%
The doctor uses medical terms and big words and ideas	58	18%
The patient is scared and afraid to ask questions	43	13%
Patient does not have the education to understand the doctor	27	8%
Patient does not believe doctor and doubts advice	4	1%
N/A	3	1%
Total	**328**	**100%**

Table 3.5: Top 3 Most Likely Explanations for Not Understanding Doctor's Advice among respondents *(First Ranked SAS Data)*

Conclusions

Language barriers still exist even though the majority of FAOH respondents spoke both English and Pilipino in their household, rated themselves to be English proficient, and rarely used interpretation

services. The results are comparable to the 2000 CHIS data. Since 20% of respondents used both English and Pilipino to communicate with their doctors, culture and language compatibility is a significant component of effective patient-provider communication. Furthermore, both U.S.-born and first-generation respondents confirmed that language discordance was one of the top reasons for failure of patient-provider communication.

Recommendations

There is significant discord between the ability of many Filipinos to speak or understand English and the need for interpretation. Although respondents indicated high rates of English proficiency, 20% (67 out of 328) of respondents attributed language discordance as the top reason for not understanding the doctor's advice. This phenomenon can be attributed to a number of factors that can be explored further. Overall, there must be a focus on increasing language-concordant visits in primary and specialty care by matching Filipino patients with physicians who speak their preferred language since language barriers are a more significant issue than most Filipinos care to admit.

The need for dedicated Pilipino medical interpreters and healthcare providers is under-recognized. The FAOH Project confirmed the need for language-concordant healthcare providers and medical interpreters in improving the Filipino community's access to healthcare. Thus, more medical institutions must provide interpretation services instead of relying on patients' family members.

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Chapter 4. Tuberculosis Prevalence, Screening, and Treatment

Background

Tuberculosis (TB) is a preventable and treatable disease that continues to be a leading cause of death worldwide. TB is a communicable disease; pathogens spread through the air and transmission occurs when people breathe in the bacteria especially in close and prolonged proximity of someone who has infectious TB.

Reported TB cases in the United States have been declining since 1993. However, disparities among racial and ethnic groups, drug-resistant strains of the disease, TB outbreaks, and preventable deaths continue to exist. The majority of TB cases in the United States occur among immigrants from TB-endemic countries, such as the Philippines, Vietnam, China, India, and Mexico. As of 2011, California continues to have the third highest rate of TB in the nation with a total of 2,323 reported cases (Center for Disease Control and Prevention, 2012). Reported TB cases in California mostly occurred among Asian and Pacific Islanders (49%) or Hispanics (36%).

Filipinos alone accounted for 20% of TB cases in California and 12% of TB cases in the United States. This translates to a case rate of 52 per 100,000 persons. The United States national case rate is 5 per 100,000 persons. Given that the Philippines ranks ninth globally in TB infection rates, the high TB prevalence among Filipino communities in the United States continue to reflect high concentrations of both latent and active TB infection.

In 2012, Alameda County had the 4th highest TB case rate with the majority of new cases coming from Asian and Pacific Islanders from endemic countries. TB cases among Filipinos in this county *"hotspot"* were among the highest at 16% of total cases (Figure 4.1).

The intention of the FAOH questionnaire was to characterize self-reported TB screening rates, positivity rate, and latent infection versus actual TB cases, knowledge of treatment of latent infection and personal awareness of TB cases.

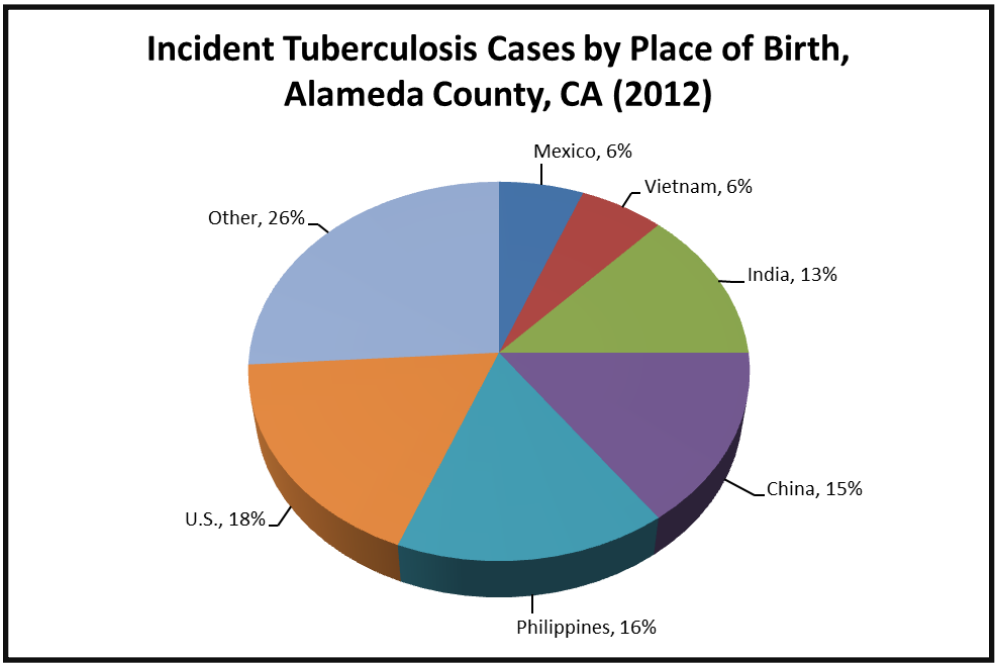


Figure 4.1: Incident Tuberculosis Cases by Place of Birth

The TB questionnaire was designed as an algorithm to determine TB classifications. Respondents with an affirmative history of TB testing were asked about chest x-ray results, sputum testing, symptoms, diagnosis, and treatment regimen. This enabled the classification of those who had latent TB infection, those who had treated TB disease, and those who possibly had TB disease in the past.

Findings

1) **TB screening**: 74% of respondents reported having had a TB skin test, 20% reported they had not, and 6% reported not knowing if they had ever received a TB skin test (Figure 4.2). For those who reported being tested, 78% self-reported a negative result and 22% a positive result. Only 10% of survey respondents were aware of TB disease among family and acquaintances and 90% claimed not to know anyone with TB. The following results are self-reported and subject to be influenced by cognitive bias, stigma, and other social factors. However, in consideration that the sample originated in a high endemic community and known TB "hotspot", the rates for TB screening in the FAOH sample were lower than anticipated. Nearly one quarter of survey respondents indicated never having been tested for TB despite the high rate with health insurance (81%). These results suggest that there is a need for medical providers to further increase screening and testing for TB.

TB Skin Test Data among FAOH Respondents	Percentage
Respondent has had a TB skin test	74%
Respondent has never had a TB skin test	20%
Respondents do not know if they have had a TB skin test	6%
Total	**100%**

Table 4.2: TB Skin Test Data among FAOH Respondents

2) **Treatment of latent TB infection**: Latent TB infections include respondents who tested positive, had negative chest x-rays, and had no symptoms or signs of TB. More than 50% of respondents reported being treated preventively with anti-TB drugs anywhere from 6-9 months. The remainder of respondents indicated they did not receive treatment, reporting that anti-TB prophylaxis was unnecessary or not recommended by their physicians. Latent infection is the reservoir of future TB infections and disease, and its eradication depends greatly on physician practices and the public's TB-risk awareness. Based on self-reported skin tests, chest x-rays, symptom histories and other labs, 15% of the sample had latent TB infection and 2% had old treated TB. Of those with latent TB, only half completed the recommended 6-9 months of TB prophylaxis. Those that did not perceived themselves to be "Okay" or were not encouraged to do so by their doctors.

3) **TB Stigma**: 90% of respondents denied knowing anyone with TB. On follow-up phone-calls, interviewers noted a great reticence on the part of participants to discuss experiences. The density of TB cases within the community targeted for the sample combined with reported rates of TB indicate that stigma is strongly attached to TB.

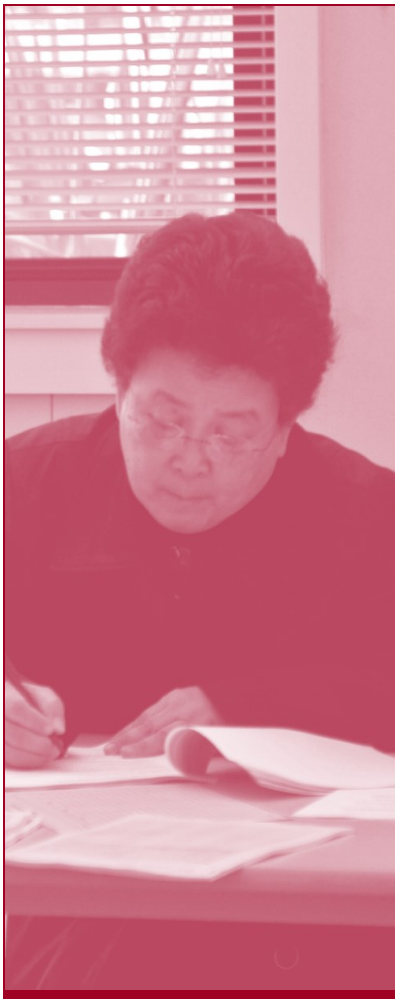
Recommendations

1) From a healthcare provider's perspective, education and outreach emphasizing the importance of routine screening for TB are critical in determining the incidence within the Filipino community. Low screening rates can also indicate a lack of access to healthcare, often correlated with income barriers as well as immigration status. Efforts to increase awareness of the importance and availability of TB screening among private and public healthcare providers are recommended.

2) Efforts to support education and awareness among healthcare providers regarding the prevalence and stigma of TB within the Filipino community are recommended. Normalizing TB screening of individuals and providing education, encouragement, and support within families are ways to further reduce stigma and the latent reservoir of TB infection within the Filipino community.

3) Support for medication compliance and completion of treatment for those newly diagnosed with TB is critical. Resources and support within the healthcare delivery system, such as goal-setting and health coach models in which a patient receives support by establishing action plans, are recommended to stop the spread of TB.

4) Stigma continues to be a core factor in the lack of education, dialogue, and screening among Filipinos. The high rates of TB do not reflect greater personal awareness of TB. Efforts from community leaders, ethnic organizations, faith based organizations, as well as healthcare professionals to work collaboratively and encourage dialogue about the importance of TB in the Filipino community are recommended to reduce the stigma and support eradication of TB.



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Chapter 5. Preventive Health Screening

Background

Preventive health screening is effective in reducing morbidity and mortality, particularly for some cancers, infectious diseases, and some chronic illnesses. Screening and early detection is even more critical given the existing health disparities documented among Filipinos, including high prostate cancer incidence in Filipino men, high breast cancer and cervical cancer incidence in Filipino women (McCracken et al., 2007), and high colorectal cancer mortality and low colorectal cancer screening rates among all Filipinos (Miller et al., 2008).

81% of FAOH respondents reported having health insurance, of which 48% were covered through employment or private insurance and 21% by a government or state health program. The 19% of respondents without health insurance tended to be unemployed young adults or low -income workers. However, insurance coverage alone may not always predict screening and early detection. Findings from this needs assessment (Table 5.1) suggest under-screening for a number of critical health problems, which may result from lack of knowledge about prevention and a tendency to seek care only when experiencing symptoms. A number of studies have shown, however, that compliance with recommended screenings increases with duration of residence in the United States. (Maxwell et al., 1997).

The objective of the FAOH health screening questionnaire was to evaluate how respondents complied with select health screening measures compared to other studies on Filipinos, other Asian groups, and the general California population. The results show some notable disparities in some of the preventive screenings, especially when compared to CHIS data.

Type of Insurance Coverage	Number	Percentage
Employment based HMP/PPO	140	43%
Dependent care coverage	41	12%
Privately purchased	15	5%
Government-based (e.g. Medicaid, Medicare)	70	21%
None	62	19%
Total	**328**	**100%**

Figure 5.1: Type of Insurance in FAOH Patients

Findings

The following provides data on screening rates among FAOH respondents:

Cancer

1) **Prostate cancer**: Of men ages 40 and over, approximately 39% (27 out of 70) reported ever having a prostate-specific antigen (PSA) test, commonly used for the screening of prostate cancer. The FAOH screening rate was comparable to rates for the general population (44%) and other Asian groups (35%) in the 2009 CHIS.

2) **Breast cancer**: For women ages 40 and over, approximately 87% (91 out of 105) ever had a mammogram. Women between the ages 40 and 49 had the lowest percentages of mammogram screening (65%). Yet, screening frequency increased with age. 92% of all women reported having mammograms in the past 3 years by the time they reached 65. The overall FAOH mammogram rates were comparable to rates for the general population and other Asian groups in the 2009 CHIS (92% and 90%, respectively).

3) **Cervical cancer**: About 25% of women respondents never had a pap smear (45 out of 181). Notably, the group with the lowest screening rates were women ages 18-24, *the age group at greatest risk for acquiring HPV infection* (the causative agent of cervical cancer). Among this group, 74% reported never having had a pap smear (25 out of 34), which was considerably higher than the lack of screening for the general population (37%) and other Asian groups (65%) in this age range (California Health Interview Survey, 2011).

4) **Colorectal cancer**: Colorectal screening, which includes stool test for blood, sigmoidoscopy and colonoscopy, is recommended to start at age 50 and continue at 5-10 year intervals thereafter. 51% of 50-64 year olds and 49% of participants ages 65 and older had ever had a colonoscopy, which is considerably lower than for the general population (78%) and other Asian groups (74%) in the 2009 CHIS study (California Health Interview Survey, 2011).

Other Infectious and Chronic Disease Markers

1) **Hepatitis screening**: Hepatitis B screening is recommended routinely for all immigrants (and their children) from countries with over 2% prevalence rates, which includes the Philippines. Only 30% of the FAOH participants have been screened for Hepatitis B (97 of the 327 participants). Younger adults ages 18-39 had higher rates of hepatitis screening (28-43%) compared to older adults (10-28%).

2) **HIV testing**: Only 28% of FAOH respondents have had an HIV test, which is a much lower rate than the percentage of other Asian groups (32%) and the general population (51%) who have been tested for HIV, based on the 2005 CHIS study (California Health Interview Survey, 2011).

3) **Cholesterol screening**: 86% of FAOH participants ages 50 and older had received a cholesterol test in the past 3 years. For those under the age of 50, approximately 43% had received a cholesterol screen in the past three years.

4) **Glucose testing**: The American Diabetic Association recommends routine glucose screening for all adults 45 years and over every three years. However, testing should begin earlier in individuals with a BMI greater than 25, a family history of diabetes, belonging to a high-risk ethnic group, and reporting symptoms or having conditions related to insulin resistance. For the FAOH participants who are 25 years and older, 45% have never had a glucose test.

Conclusion

It is important to note that certain tests like those for cholesterol and glucose may have been screened during routine blood work ordered by physicians unbeknownst to respondents. So it is possible that diabetes, cholesterol, and hepatitis screening rates may be under reported. However, HIV testing, which requires the prior consent of the person being tested, is far too low for a community whose purported AIDS prevalence is the highest among Asian groups. The same holds true for Hepatitis B screening (Barnes et al., 2008).

In summary, FAOH respondents had lower screening rates in cervical cancer, colorectal cancer, Hepatitis B, and HIV/AIDS when compared to the general population and other Asian groups in CHIS. These differences highlight some disparities in screening, which have important implications for early detection and treatment. Interestingly, these disparities seem to exist despite the large proportions of Filipinos with health insurance, underscoring the need for targeted education around importance of screening for health and well-being.

Recommendations

The general findings of under-screening around key health issues, from cancer to infectious diseases and nutrition, highlight the lack of awareness around early detection and treatment for prevalent health conditions in the Filipino population. For example, obesity and diets high in saturated fat have been implicated as risk factors in the development of breast, prostate and colorectal cancer. Yet, the relationship between obesity, chronic metabolic and cardiovascular disease is better known in the community than the relationship of obesity to cancer. Health education initiatives should target the Filipino community in order to draw these links more explicitly so that community members learn about how certain dietary and lifestyle changes can greatly reduce their risk for all types of illnesses. In general, targeted outreach and education is needed to encourage the community to come in for screening in order to reduce morbidity and mortality in the Filipino population. Overall, it is important for the Filipino community to seek healthcare not just when they are ill, but for preventive measures to ensure well-being.

Figure 5.2: Mammogram Data among FAOH Women Respondents

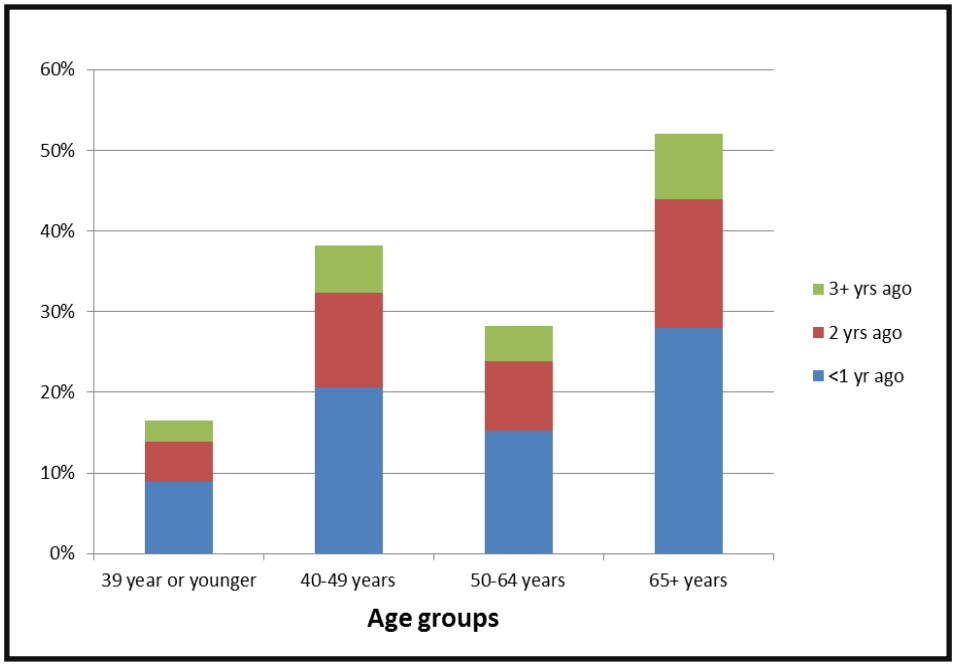


Figure 5.3: Pap Smear Data among FAOH Women Respondents

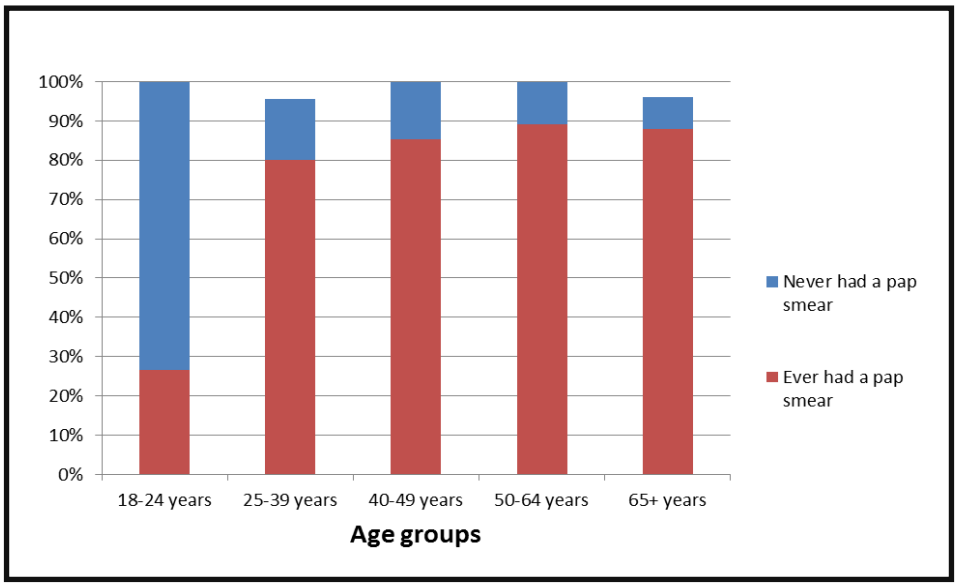


Figure 5.4: Hepatitis B Screening Data among FAOH Respondents

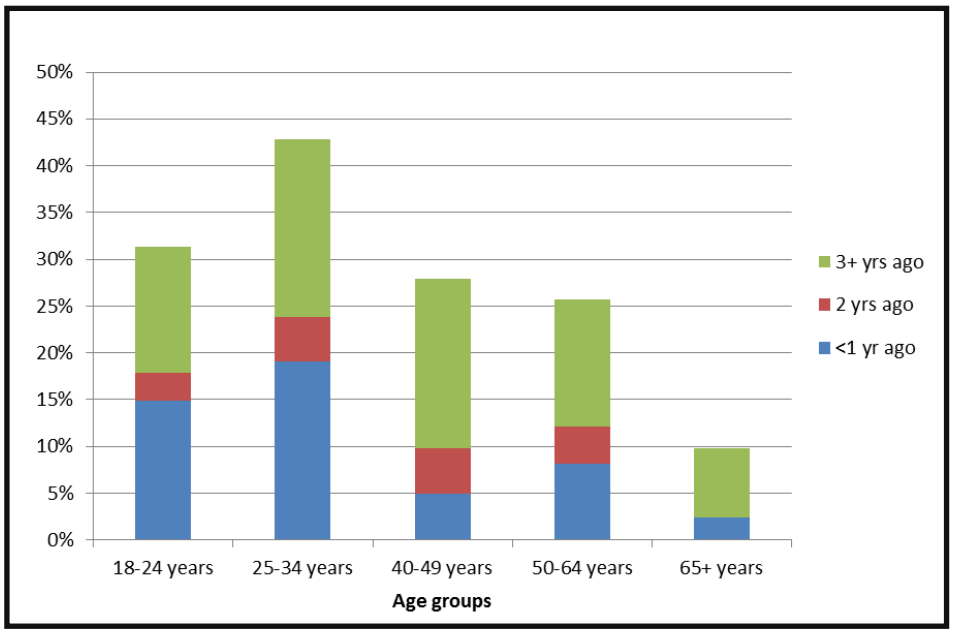
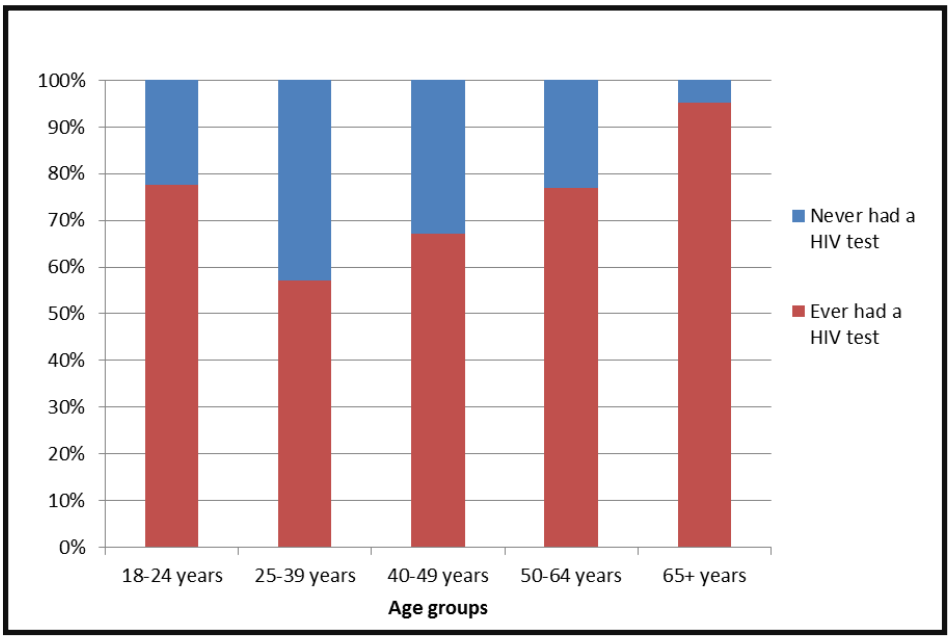


Figure 5.5: HIV Testing Data among FAOH Respondents



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Conclusion

The FAOH Project accomplished a great deal in identifying many of the health concerns of Filipinos in Union City and the Tri-city area. This was only the first step in characterizing and highlighting the inequities and disparities in this Filipino community.

One of the most common and recurring themes throughout this project was the need to raise awareness and understanding about preventive health and wellness in the Filipino community, particularly in regards to diet and health screenings. Prevention provides a more upstream approach to addressing underlying health problems. These health-modifying behaviors can go a long way in, not only educating community members about their health, but also in promoting the need for a more coordinated support system and network of resources for Filipinos struggling with health. Disseminating educational materials is a critical step in demystifying many of the stigmas, particularly concerning TB. Although many FAOH respondents reported paying close attention to their health, data pointed to a need for better understanding of nutrition labels, dietary habits and patterns, and clinical screening procedures – just to name a few.

Education can also promote a more holistic understanding of each of these health concerns, which then can initiate the process of addressing the root causes of these issues. For example, understanding the Filipino diet through the lens of western, and U.S.-perspectives provides an incomplete narrative. Learning the history, particularly colonial history of the Philippines, will play a crucial role in inspiring Filipinos to reclaim Filipino cuisine focused more on healthier, more organic ingredients, and less towards the fast food habit. This can have a significant impact towards improving the health of Filipinos while also decreasing the likelihood of chronic illnesses.

Moreover, the continuing influx of new Filipino immigrants highlights the need for increased cultural competency for Filipino patients. FAOH findings underscore the need for Pilipino interpreters and Filipino medical providers; these efforts should be prioritized in the healthcare system in order to effectively address the needs of the growing number of Filipino immigrants.

All this can be accomplished by leveraging the partnerships and coalitions that were initiated by this needs assessment. Community engagement and collaboration will be essential in addressing the many health needs of the Filipino population. Meaningful and sustainable improvements can occur if community members and advocates work together and prioritize health. As a community, Filipinos have the best chance at changing the course of these health trends as long as community members remain vigilant and conscientious about the findings of this study. While exploratory in nature, the FAOH Project accomplished a great deal in characterizing the health needs of Filipinos. Now it will be up to the community to take action.

Thank you all very much! Maraming salamat sa inyong lahat!

Filipino Advocacy and Organizing for Health Survey

We request that if/when the following materials are shared, credit be given to Asian Health Services and Filipino Advocates for Justice.

Some of the questions used for the survey instrument were adapted from the following studies' questionnaires:

- **California Health Interview Survey, 2007. (Demographics, Health Habits)**
- **Culture and Health Among Filipino and Filipino-Americans, Central Los Angeles, 2007. (Language, Culture, Health Care Utilization)**
- **Kaiser Permanente Member Health Survey, 2008. (Medical History, Habits, and Preventive Screening)**
- **PH-Q 9 Depression Screen, copyright, Pfizer 1997.**
- **Food frequency questionnaire adapted from standard nutritionist interview forms.**

DO NOT LEAVE QUESTIONS BLANK.
FOR NOT APPLICABLE RESPONSE, INDICATE N/A.

SECTION I

Health History and Access to Health Resources

1. How would you rate your overall health?

[_] Excellent [_] Very good [_] Good [_] Fair [_] Poor

2. Has a doctor ever told you that you had any of the following conditions?
(*Check all that apply)*

[_] High blood pressure
[_] Early high BP
[_] Diabetes
[_] Pre-diabetes
[_] Heart disease
[_] Stroke
[_] High cholesterol
[_] Kidney disease
[_] High uric acid/gout
[_] Gallbladder/gallstones
[_] Gastritis/reflux
[_] Chronic lung disease
[_] Asthma
[_] Liver (fatty) disease
[_] Osteoarthritis
[_] Osteoporosis
[_] Thyroid disease (goiter, hyper/hypothyroid)
[_] Malaria/ dengue
[_] TB
[_] Hepatitis A, B, C
[_] Sexually transmitted infections
[_] HIV/ AIDS
[_] Cancer, type:_____
[_] Skin disorders
[_] Chronic headaches
[_] Central nervous disorders like epilepsy, Parkinson's
[_] Depression/anxiety
[_] Eyesight problems
[_] Hearing problems
[_] Dental problems
[_] Work-related joint pains/ injuries
[_] Bladder/ urinary problems
[_] Female GYN problems
[_] Autoimmune disorders, ex. Lupus, rheumatoid arthritis
[_] Oher: _____
_____
[_] None

3. Does your health condition require regular/periodic visits with your doctor?
[_] Yes [_] No ***(IF NO, SKIP TO QUESTION 5)***

4.a. In the past 12 months, how often have you seen a doctor/provider?

[_] None [_] 1-3 times [_] 4 – 6 times [_] Greater than 10 times

4.b. In the past 12 months, did you require hospitalization? [_] Yes [_] No

5.a Do you have medical insurance [_] Yes [_] No

5 b. Have you ever had medical insurance in the past? [_] Yes [_] No

5 c. If you lost your insurance, what was the reason why? [_] Not applicable

DO NOT LEAVE QUESTIONS BLANK.
FOR NOT APPLICABLE RESPONSE, INDICATE N/A.

6. If currently insured, which type of medical coverage do you have? *(Check all that apply)*

[_] Employment-based HMO/PPO
[_] Dependent care coverage (by spouse or parent)
[_] Privately purchased HMO/PPO
[_] Medi-cal
[_] Medicare
[_] Medi-cal/Medicare
[_] Family PACT
[_] Healthy Families (Alameda Health Alliance)
[_] Union or professional association
[_] Veterans Administration, CHAMPUS
[_] Other, specify_____
[_] None ***(IF NONE, SKIP TO #7)***

7. Where do you go for medical care? (*Check all that apply)*

[_] Private doctor/clinic
[_] Community clinic: (Asian Health Services, Tri-City Clinic, Tiburcio Vazquez etc.)
[_] School-based clinic
[_] Hospital ER or urgent care only
[_] Family planning/ Women's Care clinic
[_] Kaiser/HMO
[_] Other, specify: _____
[_] Not Applicable

8. Have you had the following exams and procedures, and within what time frame?

	1yr.	**2yrs.**	**3yrs.**	**4yrs.**	**5yrs.**	**> 6yrs.**	**Never done**	**N/A**
1. Mammogram	[_]	[_]	[_]	[_]	[_]	[_]	[_]	[_]
2. Pap smear	[_]	[_]	[_]	[_]	[_]	[_]	[_]	[_]
3. HIV test	[_]	[_]	[_]	[_]	[_]	[_]	[_]	
4. TB skin test	[_]	[_]	[_]	[_]	[_]	[_]	[_]	
5. Glucose test	[_]	[_]	[_]	[_]	[_]	[_]	[_]	
6. Cholesterol test	[_]	[_]	[_]	[_]	[_]	[_]	[_]	
7. Stool test for blood	[_]	[_]	[_]	[_]	[_]	[_]	[_]	
8. Prostate exam/PSA	[_]	[_]	[_]	[_]	[_]	[_]	[_]	[_]
9. Colonoscopy	[_]	[_]	[_]	[_]	[_]	[_]	[_]	
10. Bone density scan	[_]	[_]	[_]	[_]	[_]	[_]	[_]	
11. Hepatitis screening	[_]	[_]	[_]	[_]	[_]	[_]	[_]	
12. Eye exam	[_]	[_]	[_]	[_]	[_]	[_]	[_]	
13. Dental exam	[_]	[_]	[_]	[_]	[_]	[_]	[_]	
14. Immunizations	[_]	[_]	[_]	[_]	[_]	[_]	[_]	

DO NOT LEAVE QUESTIONS BLANK.
FOR NOT APPLICABLE RESPONSE, INDICATE N/A.

9. If you have a **chronic condition**, like high blood pressure or diabetes, or a **serious medical problem,** does your doctor explain to you its causes, symptoms, complications and treatments? (*Choose one response)*

[_] My doctor explains a lot about my health condition.
[_] My doctor explains enough about my health condition.
[_] My doctor explains a little about my health condition.
[_] My doctor explains very little to nothing about my health condition.
[_] Not Applicable

10**. Based on what your doctor has said to you** and materials given to you about your health problem, would you say: (*Choose one response)*

[_] I have a very good understanding of my health condition.
[_] I have an adequate understanding of my health condition.
[_] I somewhat understand my health condition.
[_] I do not understand or know much about my health condition.
[_] Not Applicable

11. A lot of people leave the doctors office not quite understanding the doctor's advice. On a **scale of 1 - 7,** (1 being the top reason and 7 the least/lowest reason). Please **RANK** the likely explanations for why someone would not understand his/her doctors' advice. *(Number the boxes in order of importance; do not check).*

___ The doctor speaks only English.
___ The doctor uses medical terms and big words and ideas.
___ The doctor does not explain much and is always rushing.
___ The patient is scared and afraid to ask questions.
___ The patient does not believe the doctor and doubts doctors advice.
___ The patient does not have the education or the information to understand what the doctor is saying.
___ Patient is too shy or embarrassed to ask questions.

DO NOT LEAVE QUESTIONS BLANK.
FOR NOT APPLICABLE RESPONSE, INDICATE N/A.

SECTION II
Tuberculosis Questionnaire

12. Have you **ever** received a TB skin test?
(IF NO, SKIP TO # 20 – 22)

[__] Yes [__] No
[__] Don't Know

13. What was the result of the test, **according to the nurse** who read it?

[__] **Positive** (a firm raised red bump lasting several days and > 10 mm)
[__] **Negative** (no reaction/flat or a slightly reddish swelling,< 10 mm)

14. Was a chest X-ray ordered after the test?
(IF NO, SKIP TO # 20-22)

[__] Yes [__] No

15. What was the result of the chest x-ray?

[__] Normal [__] Abnormal
[__] Not Ascertained

16. What did the doctor tell you about the results (skin test and X-ray)? Was it:

A.[__] **Latent TB :** positive skin test but normal x-ray. **(PROCEED TO # 17).**

B.[__] **Active TB:** positive skin test, abnormal x-ray, positive sputum test, and symptoms of TB. **(PROCEED TO # 23).**

C.[__] **Old TB:** positive skin test, abnormal x-ray showing scarring from old TB. **(PROCEED TO # 17)**

17. Did the doctor recommend treatment to get rid of **latent** and **old TB** infection?

[__] Yes [__] No **(IF NO, SKIP TO # 20)**

18. Did you comply with the recommendation?:

[__] 6 months treatment with INH*
[__] 9 months treatment with INH
[__] I refused/declined treatment
[__] I started but did not complete treatment

* *INH or isoniazid*

19. If you refused or did not complete treatment, please explain your reasons:
_____

20. Has anyone in your family been sick with TB?

[__] Yes [__] No [__] Refused to answer

21. Relationship to you: _____

22. Do you know any relatives, acquaintances, classmates, who got sick with TB?

[__] Yes [__] No

23. Has a doctor ever told you that you had **active tuberculosis** ? **(IF NO, END TB INTERVIEW & PROCEED TO SECTION III, PAGE 6)**

[__] Yes [__] No [__] Refused to answer

24.a **When** were you sick with TB?

_____ Month _____ Year

24.b **Where** did you get sick with TB?

_____ Country

25.a What were your symptoms?

[__] Fevers [__] Nightsweats
[__] Bloody phlegm [__] Weight loss
[__] Coughing [__] Very tired
[__] Swollen glands [__] Other:
_____

25.b How long were you sick before you were treated ? _____ (weeks or months)

26. What tests did the doctor order to confirm you had TB? (*Check all that apply*)

[__] PPD skin test [__] Chest x-ray
[__] Sputum test

27.How were you treated for TB?

27.a Number of drugs you took [___]

27.b Number of weeks/months [___]

27.c Did you complete the recommended length of treatment?

Yes [__] No [__]

27.d If no, what were the reasons for stopping treatment?

_____

28. If you were treated in the U.S., were you helped by a medical case worker who monitored you?

[__] Yes [__] No

29. **After**, completing treatment, did you receive follow-up x-rays and sputum cultures to confirm you were **TB- free**?

[__] Yes [__] No

30.a Were other family members skin tested for TB?

[__] Yes [__] No

30.b Did they get treated for TB?

[__] Yes [__] No

SECTION III

Language Competence, Health Literacy and Cultural Preferences

31 a. Is English your first language? Yes [_] No [_]

31 b. What other languages or dialects do you speak? _____

32. What languages did you speak growing up?

1 [_] Tagalog
2 [_] Ilocano
3 [_] Pangasinan
4 [_] Cebuano
5 [_] Ilongo
6 [_] Other Visayan (Waray, Boholanon)
7 [_] Chavacano
8 [_] Bicolano
9 [_] Kapampangan
10 [_] English
11 [_] Spanish
12 [_] Other: _____

33. What language do you mostly use at home?
(ALL TAGALOG, VISAYAN, ILOCANO DIALECTS, SHALL HEREAFTER BE REFERRED TO AS 'PILIPINO DIALECT' TO SIMPLIFY CODING*)*

1 [_] Only English
2 [_] Only Pilipino dialect
3 [_] Mostly English
4 [_] Mostly Pilipino dialect
5 [_] English and Pilipino dialect equally

34. In your opinion, how well do you…?

	Very well	**Pretty well**	**Not so well**	**Not at all**
1 Understand spoken English	[_]	[_]	[_]	[_]
2 Speak English	[_]	[_]	[_]	[_]
3 Read English	[_]	[_]	[_]	[_]

35. Does your health care provider communicate with you in?

1 [_] English only 2 [_] Pilipino dialect 3 [_] Mix of English and Pilipino

36. Have you ever used an interpreter when communicating with a health care provider?

1 [_] Yes 2 [_] No (**IF NO, SKIP TO # 38)**

37. Who served as your interpreter?

1 [_] A family member
2 [_] A Filipino employee who spoke my language
3 [_] A friend
4 [_] A professional interpreter/ AT&T language line

38. What are your preferences to improve communication between you and your doctor? *(Choose one response)*

1 [_] A trained Pilipino interpreter, interpreting for me **at all times.**
2 [_] A trained Pilipino interpreter, **available upon request.**
3 [_] Health education handouts and instructions **translated in Pilipino.**
4 [_] Filipino staff that can speak my language, **to clarify if needed**, doctors' instructions.
5 [_] **I have no need** for Pilipino interpretation**,** written or spoken.

39. When you have a health concern, whom do you go to **first** for help and advice?

1 [_] A family member/ relative
2 [_] A close friend
3 [_] A Filipino acquaintance in the health field (e.g. nurse, med tech etc.)
4 [_] Your personal physician
5 [_] A traditional healer/ hilot
6 [_] Other _____.

40. Do you prefer someone else to be present in the exam room (a medical assistant, family member or friend) when you visit the doctor?

1 [_] Yes 2 [_] No **(IF NO, SKIP TO # 42***)*

41. If you answered **yes**, what are your reasons? *(Check all that apply)*

1 [_] To help me understand what the doctor is saying
2 [_] To help me remember his/her instructions and advice
3 [_] For emotional/moral support
4 [_] To help me ask the right questions
5 [_] For chaperone during the exam
6 [_] To help me make decisions
7 [_] To translate

DO NOT LEAVE QUESTIONS BLANK.
FOR NOT APPLICABLE RESPONSE, INDICATE N/A.

42. In your family, **who is most likely** to make decisions about your family's health care? (For example, which doctor to choose, when to go to a doctor etc.)

1 [_] Self
2 [_] Father
3 [_] Mother
4 [_] Grandparents
5 [_] Husband or wife
6 [_] Adult son
7 [_] Adult daughter

43. Have you used traditional healers or alternative medicine (Naturopathy, Chiropractic, Herbalism, Traditional Chinese Medicine, Yoga, Meditation etc.)?

1 [_] Yes 2 [_] No **(IF NO, SKIP TO # 45)**

44. **If yes**, what type of treatment did you have? _____

45. Are there traditional healers (*hilot*) in your community? 1 [_] Yes 2 [_] No

46. Do you take health supplements, tonics, herbs and elixirs?

1 [_] Yes 2 [_] No **(IF NO, SKIP TO # 48)**

47. If yes**,** what have you taken? _____

48. How would you prefer to learn about taking care of yourself or improving your health? *(Check all that apply)*

1 [_] Explanations by health care provider
2 [_] One-on-one sessions with Health Educator (nutritionist, nurse educator)
3 [_] Groups/ classes
4 [_] Receive newsletters at home
5 [_] Receive printed handouts/tip sheets from the doctor's office
6 [_] Watch TV health programs/ DVD's
7 [_] Internet health and wellness sites

49. Health topics are frequently covered by the media. Which media do you watch/read/listen to for current affairs and information?

	Always	Sometimes	Never
a. Local News (Channels 2, 4, 5, 7, 11)	[_]	[_]	[_]
b. Network news (CNN, FOX, NBC, ABC)	[_]	[_]	[_]
c. TV Patrol/ Balitang K Channel 26	[_]	[_]	[_]
d. The Filipino Channel (TFC cable)	[_]	[_]	[_]
e. GMA Network	[_]	[_]	[_]
f. Filipino community press (Manila Mail Philippine News, Filipinas Magazine)	[_]	[_]	[_]
g. Internet News (Yahoo, MSNBC)	[_]	[_]	[_]
h. San Francisco Chronicle, SJ Mercury	[_]	[_]	[_]
i. Radio (NPR, KCBS etc)	[_]	[_]	[_]

50.a How many hours per day do you watch TV, US programming?

____ hours

50.b How many hours per day do you watch TV, Philippine programming?

____ hours

DO NOT LEAVE QUESTIONS BLANK.
FOR NOT APPLICABLE RESPONSE, INDICATE N/A.

SECTION IV
Habits

51. **Smoking**:

a. Have you smoked cigarettes ***in the past***? [_] Yes [_] No **(IF NO, SKIP TO # 52)**

b. How many cigarettes per day? [____]

c. How many years? [____] years

d. Do you ***currently*** smoke? [_] Yes [_] No **(IF NO, SKIP TO # 52)**

e. How many cigarettes per day? [____]

f. How many years? [____] years

52. **Alcohol**:

a. Do you drink alcoholic beverages? [_]Yes [_] No **(IF NO, SKIP TO # 53)**

b. How often do you drink? *(Choose only one response)*

[_] Daily [_] A few times per week [_] Weekends
[_] Less than 3x/mo. [_] Rare occasions

c. How many drinks per day? [___]
(IF 2 + DRINKS PER DAY REFLEX TO ADDICTION SUPPLEMENT)

d How many drinks per week? [___]

53. **Recreational Drugs**:

a. Do you ***currently*** use drugs for recreation? [_] Yes [_] No **(IF NO, SKIP TO # 54)**

b. How often do you use? (*Choose only one response*)

[_] Daily [_] A few times a week [_] Weekends
[_] Less than 3x/mo. [_] Rare occasions

c. What sort of drugs do you use? *(Check all that apply)*

[_] Marijuana
[_] Cocaine
[_] Crack
[_] Ice, crank, shabu, crystal meth
[_] Ecstasy
[_] Prescription narcotics (Oxycontin, Vicodin, Codiene, Dilaudid, etc.)
[_] Prescription sedatives (Xanax, Librium, Ativan etc.)
[_] Heroin
[_] Others: _____

(REFLEX TO ADDICTION SUPPLEMENT IF CURRENT AND HABITUAL USER)

54. **Gambling:**

a. Do you gamble? [_] Yes [_] No

b. Have you gambled ***in the past***? [_] Yes [_] No **(IF NO, SKIP TO #55)**

c. How often do you/or did you gamble? *(Choose only one response)*

1 [_] Daily
2 [_] Several times a week
3 [_] Weekends only
4 [_] A few times a month
5 [_] Once a month
6 [_] A few times a year
7 [_] Rarely

d. What types of gambling do you/ or did you engage in? (Defined as betting or playing for money)
(Check all the apply)

1 [_] Card games
2 [_] Horse races
3 [_] Sports betting (parlay cards, bookie)
4 [_] Dice games (craps, over and under)
5 [_] Played numbers/ bet the Lotteries
6.[_] Dogfights, cockfights
7 [_] Bingo, Mahjong
8 [_] Gambled in casino
9 [_] Played the stock, options, commodities
10 [_] On-line gambling
11 [_] Slot machines, arcade games
12 [_] Other, specify: _____

e. Has gambling cost you money you needed for rent, food transportation, etc.?
(Applies to current and former gamblers)
[_] Yes [_] No [_] Refused to Answer

DO NOT LEAVE QUESTIONS BLANK.
FOR NOT APPLICABLE RESPONSE, INDICATE N/A.

f. Have you missed school or work as a result of being busy with gambling?
(Applies to current and former gamblers)
[_] Yes [_] No [_] Refused to Answer

55. How often do you get physical exercise (walking, swimming, gardening/yard work, jogging, dancing, gym workout, home fitness machines, biking, sports etc.)?

[__] Never **(IF NEVER, SKIP TO PAGE 14, SECTION V)**
[__] 1-2x a week
[__] Greater than 3 times a week

56. On the days that you exercise, how many **total minutes** do you usually exercise?

[___] minutes per day

57. What type of exercise do you usually get?

[_] Low impact (walking)
[_] Moderate (dancing or fast walking)
[_] Vigorous (jogging or running)

58. Addiction Screening Supplement (ONLY FILL OUT IF MEETS CRITERIA TO QUESTIONS 52 AND 53)

1. Do you often drink or use drugs alone?
[_] Yes [_] No

2. Do you drink/do drugs to cope with stress at work and at home?
[_] Yes [_] No

3. Do you sneak drinking or drug use during work or school hours?
[_] Yes [_] No

4. Have you ever experienced a black out or loss of memory after drinking or drug use?
[_] Yes [_] No

5. Do you have trouble paying your bills or rent because of spending money on alcohol/drugs?
[_] Yes [_] No

6. Has your drinking or drug use jeopardized your job and relationships with loved ones?
[_] Yes [_] No

7. Are your thoughts mostly preoccupied with getting your next drink or drug fix?
[_] Yes [_] No

8. Do you feel the need to drink or do drugs in order to feel good or have a good time?
[_] Yes [_] No

DO NOT LEAVE QUESTIONS BLANK.
FOR NOT APPLICABLE RESPONSE, INDICATE N/A.

SECTION V
Nutrition Survey

59. How frequently do you read the nutrition labels of the processed foods (canned, frozen, packaged) that you buy?

[_] Always [_] Often [_] Sometimes [_] Rarely [_] Never

60. Does it (nutritional labels) influence what you buy?
[_] Yes [_] No

61. How frequently do you prepare meats and seafood using these cooking methods?

	Always	**Often**	**Sometimes**	**Rarely**	**Never**
Fry *(prito)*	[_]	[_]	[_]	[_]	[_]
Grill *(inihaw)*	[_]	[_]	[_]	[_]	[_]
Boil *(tinola/pinais)*	[_]	[_]	[_]	[_]	[_]
Stewed *(estofado)*	[_]	[_]	[_]	[_]	[_]
Baked *(hurno/turbo)*	[_]	[_]	[_]	[_]	[_]
Saute`*(guisa)*	[_]	[_]	[_]	[_]	[_]
Steam (*pasingaw*)	[_]	[_]	[_]	[_]	[_]

62. How frequently do you eat these cuts of meats at home or at restaurants?

	Always	**Often**	**Sometimes**	**Rarely**	**Never**
Pork belly *(liempo)*	[_]	[_]	[_]	[_]	[_]
Pork shanks *(pata)*	[_]	[_]	[_]	[_]	[_]
Pork lechon	[_]	[_]	[_]	[_]	[_]
Beef shanks/bones *(bulalo or kenchi)*	[_]	[_]	[_]	[_]	[_]
Organ Meats *(laman loob)*	[_]	[_]	[_]	[_]	[_]
Fried pork fat *(chicharron)*	[_]	[_]	[_]	[_]	[_]
Pork blood *(dinuguan)*	[_]	[_]	[_]	[_]	[_]
Canned Meat *	[_]	[_]	[_]	[_]	[_]

**spam, corned beef, vienna sausage, liver spread*

63. How many times did you eat at fast food places **in the last week**? (*ex. Carls Jr., Taco Bell, Panda Express, Roundtable, Jollibee, Chowking etc.)*

[_] More than 14 times
[_] 7 – 13 times
[_] 4 – 6 times
[_] 1 – 3 times
[_] 0

64. Name **three favorite foods** that you frequently prepare at home or order when you eat out?

1. _____
2. _____
3. _____

DO NOT LEAVE QUESTIONS BLANK.
FOR NOT APPLICABLE RESPONSE, INDICATE N/A.

SECTION VI
Stressors, Safety and Coping Mechanisms

65. Do you take vacations or time off? [_] Yes [_] No **(IF NO, SKIP TO # 67)**

66. How do you spend your vacation? *(Check all the apply)*

[_] Stay home
[_] Travel abroad
[_] Theme park, casinos
[_] Other: _____
[_] Local travel
[_] Work side job

67. Rank the **TOP 5** activities you do to relax.

a. Watch TV [__]
b. Watch a movie [__]
c. Listen to music [__]
d. Play instrument [__]
e. Surf internet [__]
f. Online blogging [__]
g. Chat on the phone [__]
h. Read [__]
i. Pray or meditate [__]
j. Sing/karaoke [__]
k. Go out on dates [__]
l. Hang out with friends [__]
m. Eat out at restaurants [__]
n. Play video/computer games [__]
o. Play boardgames ex. Chess [__]
p. Exercise [__]
q. Dance (ballroom, salsa) [__]
r. Martial arts [__]
s. Play sports (soccer ec.) [__]
t. Watch games (NBA, NFL) [__]
u. Hobbies (knitting, gardening) [__]
v. Write (journal, poetry) [__]
w. Shopping, hang out at malls [__]
x. Massage/ spa [__]
y. Go for walks, hikes [__]
z. Gamble [__]

68. How would you rate your **overall** satisfaction with your life?

1 [_] Very satisfied
2 [_] Satisfied
3 [_] Somewhat satisfied
4 [_] Somewhat dissatisfied
5 [_] Dissatisfied
6 [_] Very dissatisfied

69. **In the past 30 days,** how **often** would you say you felt:

	Always	Often	Sometimes	Rarely	Never
a. Nervous	[__]	[__]	[__]	[__]	[__]
b. Hopeless	[__]	[__]	[__]	[__]	[__]
c. Restless/ fidgety	[__]	[__]	[__]	[__]	[__]
d. Depressed, nothing could cheer you up	[__]	[__]	[__]	[__]	[__]
e. Everything was a big effort; overwhelmed	[__]	[__]	[__]	[__]	[__]
f. Worthless	[__]	[__]	[__]	[__]	[__]
g. Lonely	[__]	[__]	[__]	[__]	[__]
h. Stressed out	[__]	[__]	[__]	[__]	[__]

70. When you feel distressed or troubled, who do you approach for advice and support? (*Check all that apply)*

1 [_] Immediate family member
2 [_] Close relative
3 [_] Close friend (kumadre or kumpadre)
4 [_] Priest/ minister
5 [_] A member of your church (lay leader)
6 [_] Counselor (psychologist)
7 [_] No one; (I'd rather keep to myself)
8 [_] Seek counseling or advice from internet sites, chatrooms etc
9 [_] Other: _____

71. Are you on medication to manage symptoms of depression, anxiety, or other mental conditions?

[__] Yes [__] No [__] Not Applicable [__] Refused to answer

72. We encounter many sources of stress in our daily lives. Among the options listed below, pick ten (10) stressful situations that have most affected you in the past 6 months. You can select from 0 - 10 options.

FAMILY
1. Problems with partner/spouse [__]
2. Problems with teens [__]
3. Communication with children [__]
4. Family separation (spouse or children in the Philippines) [__]
5. Caring for elderly parents [__]
6. Childcare [__]
7. Death of a loved one [__]
8. Coming out as gay/sexual identity [__]
9. Divorce [__]
10. Isolation/No Support [__]
11. Lack of home care help [__]
12. Conflicts with relatives [__]

SCHOOL/WORK
13. Academic performance [__]
14. Licensure exams [__]
15. Discrimination on the job/school [__]
16. Job demands [__]
17. Conflicts at work [__]
18. No career advancement [__]
19. Unemployment [__]
20. Military Service [__]
21. Immigration Status [__]

FINANCES
22. Debts [__]
23. Mortgage problems [__]
24. Insufficient income [__]
25. Supporting family in the Philippines [__]
26. Property loss [__]
27. Property problems in the Phils. [__]
28. Legal problems [__]

HEALTH
29. Poor health [__]
30. Lack of health coverage [__]
31. Medication costs/Co-pays [__]

LANGUAGE/CULTURE
32. Adjusting to life in the U.S. [__]
33. Language barriers [__]
34. Cultural differences [__]
35. Interracial or intra-ethnic marriage conflicts [__]

TRANSPORTATION
36. Commuting problems [__]
37. No transportation [__]

HOUSING/COMMUNITY
38. Crowded housing [__]
39. Lack of privacy [__]
40. Unsafe neighborhood [__]
41. Conflicts with neighbors [__]
42. Foreclosure [__]

43. **OTHER**: _____

73. Would you consider yourself a…?

1 [_] Very religious person
2 [_] Somewhat religious person
3 [_] Not religious
4 [_] Spiritual
5 [_] Other; specify _____
6 [_] Refused to answer

74. What is your faith/ religious affiliation? _____.

75. When feeling sad, troubled, or in despair, do you…?

	Always	Often	Sometimes	Rarely	Never
a. Seek the counsel of a priest, minister, pastor or lay leader	[__]	[__]	[__]	[__]	[__]
b. Pray	[__]	[__]	[__]	[__]	[__]
c. Ask others to pray for you	[__]	[__]	[__]	[__]	[__]
d. Increase religious practices like novenas, rosaries, etc.	[__]	[__]	[__]	[__]	[__]
e. Offer intentions, donations, charitable works	[__]	[__]	[__]	[__]	[__]

76. Have you ever experienced: (*Check all that apply)*

1 [__] Physical abuse from your spouse
2 [__] Physical abuse from a partner/lover (boyfriend/girlfriend)
3 [__] Physical abuse from a son or daughter
4 [__] Physical abuse from a sibling
5 [__] Physical abuse from a parent(s)
6 [__] Not applicable
7 [__] Refused to answer

DO NOT LEAVE QUESTIONS BLANK.
FOR NOT APPLICABLE RESPONSE, INDICATE N/A.

77. **In the past 6 months,** how often would you say, the following has happened in your neighborhood?

	Always	Often	Sometimes	Rarely	Never
a. Neighborhood fights	[__]	[__]	[__]	[__]	[__]
b. Gunshots	[__]	[__]	[__]	[__]	[__]
c. Prostitution	[__]	[__]	[__]	[__]	[__]
d. Drug dealing	[__]	[__]	[__]	[__]	[__]
e. Sexual assaults	[__]	[__]	[__]	[__]	[__]
f. Robberies or muggings	[__]	[__]	[__]	[__]	[__]
g. Car thefts	[__]	[__]	[__]	[__]	[__]
h. Car speeding/ drag racing	[__]	[__]	[__]	[__]	[__]
i. Vandalized property	[__]	[__]	[__]	[__]	[__]
j. Motor vehicle accidents	[__]	[__]	[__]	[__]	[__]
k. Racial, ethnic or anti-immigrant harassment	[__]	[__]	[__]	[__]	[__]
l. Harrassment of gay, bisexual or transgendered persons	[__]	[__]	[__]	[__]	[__]

SECTION VII
FAO DEMOGRAPHICS

78. **ZIP CODE:** ___ ___ ___ ___ ___

79. Female [_] Male [_]

80. Age: __ __

81 a. Height ___*ft.* ___*inches* 81.b Weight __ __ __ *lbs.*

82. Marital Status:

[_] Single
[_] Married
[_] Widowed
[_] Divorced or separated
[_] Living w/ partner

83.a. Place of birth:

[_] U.S. [_] Philippines [_] Other: _____

83.b. How many years have you lived in the U.S.? [____] *years*

83.c. Type of residency:

[_] Citizen
[_] Permanent resident
[_] Other: _____
[_] Refused

84. Have you lived and worked in other countries other than the U.S. or the Philippines?

[__] Yes [__] No **(IF NO, SKIP TO #86)**

85.a If you answered yes, which countries were these and how many years did you spend there?

_____# of yrs. _____

_____ # of yrs. _____

_____ # of yrs. _____

86. How many children do you have? [____]

87. a Are you retired? [_] Yes [_] No **(IF NO,SKIP TO #88)**

87.b If you are retired, what is the source of your retirement income?
[_] Social Security
[_] Property income (rentals)
[_] Allowance from family
[_] Retirement funds (IRA, Dividends etc)
[_] Pensions
[_] Other: _____

88. Do you receive the following? (*Check all that apply)*

[_] SSI (supplemental security income)
[_] SSDI (supplemental security disability income)
[_] Child support
[_] Alimony
[_] Food stamps
[_] Veteran's benefits
[_] EDD (Unemployment)
[_] WIC (Women, Infant, Children Supplemental Feeding Program)
[_] Temporary Assistance to Needy Families
[_] Cal-Works
[_] In-Home Support Services
[_] Low Income Housing (Section 8/senior)
[_] None/ Not Applicable

89. If you are receiving an income, what is your estimated individual (gross) income per year, **before taxes**?

[_] under $5,000
[_] $5,000- 9,999
[_] $10,000 – 14,999
[_] $15,000 – 24,999
[_] $25,000 – 34,999
[_] $35,000 – 49,999
[_] $50,000 – 74,999
[_] $75,000 – 99,999
[_] $100,000 and over
[_] None/ Not Applicable

90. How many people are **supported** by your income, including yourself**?** [____]

91 a. How many people **live** at your place of residence, including yourself? [____]

91 b. What is their relationship to you? ***(Enter in the box a number****; total should equal the answer to #91.a)*

__ __ Partner/spouse
__ __ Children
__ __ Parent(s)
__ __ Siblings
__ __ In-Laws
__ __ Self
__ __ Other: _____

92. Do **other household members** earn and contribute to household expenses?

[_] Yes [_] No *(**IF NO, SKIP TO # 94A**)*

93. What is the **combined** total household income?

[_] Under $5,000
[_] $5,000 – 9,999
[_] $10,000 – 14,999
[_] $15,000 – 24,999
[_] Other: _____
[_] $25,000 – 34,999
[_] $35,000 – 49,999
[_] $50,000 – 74,999
[_] $75,000 – 99,999
[_] $100,000 and over
[_] Don't know

94.a. Please state your current job or the type of work that best describes what you do?

_____

94.b. Are you self-employed? [_] Yes [_] No

Type of business: _____

94.c. Do you work a second job? [_] Yes [_] No

Type of job: _____

94.d How many hours a week do you work?

[_] Less than 15 hours
[_] 15-20 hours
[_] 20-30 hours
[_] 30-40 hours
[_] Greater than 40 hours

94.e. Which industries or jobs, have you worked at the most? _____

95. Do you have other sources of income such as: **(IF THE SAME OCCUPATIONS ARE LISTED FOR 94.A AND 94.B, SKIP QUESTION # 95)**

[_] Babysitting
[_] Care giving
[_] Food catering "paluto"
[_] Handyman
[_] Sales; products & services, ex. Avon, Amway, insurance plans.
[_] Professional services: Tax preparer, real estate agent etc.

DO NOT LEAVE QUESTIONS BLANK.
FOR NOT APPLICABLE RESPONSE, INDICATE N/A.

[_] Gardening/landscaping
[_] Housekeeping
[_] Other: _____

96. **Education:** Please select the highest level of education you have completed.

[_] Less than high school
[_] High school graduate/GED
[_] Some college
[_] College
[_] Graduate/post-graduate
[_] Technical/certificate program
[_] No formal education

97. **Residence:**

[_] Rent
[_] Co-rent (room & board or split expenses)
[_] Housed by family/friends
[_] Own
[_] Co-own (share mortgage with other family members, besides your spouse)
[_] Other: _____

98. **Economic Security:** Would you say that you earn enough money to meet your **basic** needs? (transportation, shelter, food, utilities etc.)

[_] More than adequate
[_] Adequate
[_] Insufficient
[_] Very insufficient

DO NOT LEAVE QUESTIONS BLANK.
FOR NOT APPLICABLE RESPONSE, INDICATE N/A.

99. What do you do when you run out of money to cover your basic needs? Please **mark:**

	Always	**Sometimes**	**Never**
a. Borrow from friends or relatives	[__]	[__]	[__]
b. Charge to credit card	[__]	[__]	[__]
c. Gamble or bet	[__]	[__]	[__]
d. Spend less on food	[__]	[__]	[__]
e. Cut out spending on going out (restaurants, movies etc.)	[__]	[__]	[__]
f. Skip paying bills (go into arrears)	[__]	[__]	[__]
g. Work overtime	[__]	[__]	[__]
h. Go to cash advance lenders	[__]	[__]	[__]
i. Pawn valuables	[__]	[__]	[__]
j. Go to food pantries or churches	[__]	[__]	[__]
k. Participate in "*paluwagan*"*	[__]	[__]	[__]

* *savings club and mutual aid society*

DO NOT LEAVE QUESTIONS BLANK.
FOR NOT APPLICABLE RESPONSE, INDICATE N/A.

100. Do you have relatives in the Philippines who depend on you, to send money back regularly for their survival?

[_] Yes [_] No **(IF NO, END SURVEY)**

101. If you answered yes, how often do you send money to the Philippines?

[_] Monthly
[_] Every 3 – 4 months
[_] Twice a year
[_] Occasionally, for emergencies or special needs
[_] Very rarely to never

102. What percentage of your **monthly** income is sent to the Philippines?

[_] Less than 5%
[_] 10 – 15%
[_] 16 – 20%
[_] 21- 25%
[_] Greater than 25%.

-END-

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