

Filipinos Take It to Heart:

A How-To Guide
for Bringing Heart
Health to Your
Community



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Filipinos Take It to Heart:

A How-To Guide for Bringing Heart Health to Your Community



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Administrative Use Only
March 2004

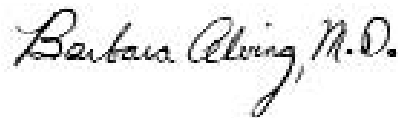
PREFACE

Did you know that Filipinos are the third largest Asian American and Pacific Islander (AAPI) subgroup in the United States, based on the 2000 Census? California has the largest number of Filipinos in the Nation and the largest population of Filipinos outside of Manila, yet they are rarely studied and have been referred to as an “invisible minority.”

Many Filipinos in the United States engage in unhealthy behaviors. This puts them at higher risk for developing heart disease, which may go undetected or untreated. Behaviors such as eating foods high in salt and sodium, saturated fat, and cholesterol, not exercising, and smoking all impact a person’s heart health. These are some of the reasons why one out of three Filipinos die from heart disease. Heart disease can lead to disability and significantly decrease a person’s quality of life. Moreover, Filipinos have the highest rates of hypertension of all AAPI subgroups.

However, if you have the interest, the right information, skill-building activities, and are concerned that cardiovascular disease is taking members of your family, friends, and other love ones prematurely, you are equipped with the key elements to make a positive impact on the heart health of Filipinos. *Filipinos Take It to Heart: A How-To Guide for Bringing Heart Health to Your Community*, can be your resource to spreading the word about how to improve heart health in Filipino communities.

This “How- To” guide is developed by the National Institutes of Health’s National Heart, Lung, and Blood Institute (NHLBI). It outlines the steps that can be taken to ensure the implementation of successful awareness-raising and health-promoting activities to prevent and control cardiovascular risk factors and stimulate adoption of positive health behaviors. It is intended to assist community health educators and planners as well as community-based organizations in their efforts to engage their communities around Healthy People 2010’s rallying call of eliminating health disparities and improving quality and years of healthy life. The NHLBI is committed to developing culturally sensitive and linguistically appropriate materials and tools to help facilitate behavioral change in minority and underserved communities. The NHLBI thanks the communities and organizations that shared their need for better heart health resources, such as this guide. Together, we can beat heart disease and increase the number of healthy Filipino communities nationwide.



Barbara Alving, M.D.
*Acting Director
National Heart, Lung, and Blood Institute
National Institutes of Health*

CONTENTS

Preface	ii	Section 5: Reviewing Your Presentation and Group Discussion	13
Introduction	1	Section 6: Evaluating Your Presentation and Group Discussion	14
How To Use This Guide	2	Section 7: Additional Activities	15
Section 1: Getting Started	3	Section 8: Building Knowledge for Action	16
Finding a Leader	3	Appendices	17
Where To Find a Leader	3	Filipino Community Profile	18
Talking to Potential Leaders	4	Sample Program Flyer	20
Finding a Location	5	Sample Press Release	22
Getting Participants To Attend Your Program	6	Heart Disease Risk Factors: Frequently Asked Questions	23
Making Photocopies of the Handouts	6	Wallet Card	26
Providing Incentives	6	Watch Your Weight BMI Chart	27
Section 2: Preparing for Your Presentation and Group Discussion	7	Group Activity—Scenarios	28
Overview	7	How To Create a Food Display	29
Learning Objectives	7	Heart Disease Risk Factors That You Can Do Something About	30
Section 3: Delivering the Presentation	9	Sample Evaluation	31
Welcome and Introduction	9	How To Do a Heart Healthy Food Demonstration	32
Presentation	9	Presentation Slides	33
Section 4: Engaging Your Participants in the Group Discussion	11	Presentation Script	63
Group Discussion With Question-and-Answer Session	11	Additional Resources	71
Group Activity	11		

INTRODUCTION

F*ilipinos Take It to Heart: A How-To Guide for Bringing Heart Health to Your Community* gives you steps on how to put together a presentation and group discussion on heart health in Filipino communities. Group discussions are informal gatherings to talk about a particular health topic and how it affects the community. During a discussion, participants may learn how to prevent or lower their risk of developing heart disease and may ask questions about making heart-healthy lifestyle changes. Discussions are an important first step to increasing awareness about a disease and stimulating adoption of heart-healthy behaviors. Furthermore, discussions can help you understand the unique needs and problems that face your community.



This guide can help you, community leaders and volunteers, play an active role in creating and implementing activities to raising awareness about how to prevent heart disease, the #1 cause of death for all Americans, including Filipinos. At the end of your program, you will have:

- Increased awareness that heart disease is the #1 killer of Filipinos.
- Increased awareness that having risk factors for heart disease can lead to heart disease, disability, and death.
- Identified actions that Filipinos can take to lower their risk.
- Encouraged Filipinos to take action to lower their risk of heart disease.

This guide can help you, community leaders and volunteers, play an active role in creating and implementing activities to raising awareness about how to prevent heart disease, the #1 cause of death for all Americans, including Filipinos.

HOW TO USE THIS GUIDE

This guide gives you the knowledge and tools to carry out your own presentation and discussion on heart health in Filipino communities. This guide is arranged chronologically. We recommend that you use it to aid the planning and implementation of your program. If you already have a plan in mind, please skip to any section you like for additional ideas.

The first two sections provide basic information on planning your program.

Section 1: Getting Started

Section 2: Preparing for Your Presentation and Group Discussion

The next five sections describe the elements of a heart health program and different activity ideas you can use with your group.

Section 3: Delivering the Presentation

Section 4: Engaging Your Participants in the Group Discussion

Section 5: Reviewing Your Presentation and Group Discussion

Section 6: Evaluating Your Presentation and Group Discussion

Section 7: Additional Activities

The last section tells you how to sustain, expand, or broaden your program as you learn more.

Section 8: Building Knowledge for Action

The appendix contains slides and a script for the presentation as well as sample tools and handouts.

The low-cost ideas in this guide come from the communities themselves, best practices that have worked within the time, and resources available to address a critical public health program. However, the information in the guide may be modified to fit the unique needs of your community.

We dedicate this guide to all those who are committed to making a difference in the Filipino community and who realize that change—both personal and environmental—is possible.

Mabuting kapalaran! (Good luck!) We hope that you will come back to *Filipinos Take It to Heart: A How-To Guide for Bringing Heart Health to Your Community* many times. It contains endless possibilities!

Please tell us what worked and what did not work for you. We may post your successes on our Web site to share with others. Please write to:

Julie Tu, M.S., C.H.E.S.
Community Health Specialist
Office of Prevention, Education,
and Control
National Heart, Lung, and Blood Institute
31 Center Drive, MSC 2480
Bethesda, MD 20892-2480
E-mail: tuj@mail.nih.gov

SECTION 1: GETTING STARTED

Mabuhay! (Greetings!)

We are pleased that you want to take action to bring heart health information to your community and make a difference. As a first step, you will want to get your community talking and thinking about heart health. Gathering background information on the health needs of the Filipino community is essential before you hold your program. This is an excellent means of becoming familiar with some of the health issues and concerns of the community. Use the profile of the Filipino community that is provided on pages 18–19 as a start. You can add more information as necessary to meet the objectives of your program. A presentation and group discussion will help your community recognize steps that they can take to prevent and lower their risk of heart disease. The program is 2 hours and includes a presentation and group discussion, with a question-and-answer session, to clarify issues and misconceptions about heart disease. You may want to offer participants blood pressure and blood cholesterol screenings, referrals, nutrition counseling, food demonstrations, and information on community physical activity and support groups. These additional activities take place after the group discussion.

As the **program planner**, you may want to do the presentation and group discussion yourself. Or you may choose to make arrangements (finding a site, arranging the screening, and organizing marketing activities) and find community volunteers to be **leaders** to carry out the presentation and group discussion.

Finding a Leader

Two months before you plan to have your program, you will need to find a presenter and/or group discussion leader. It is a good idea to get one leader for the presentation, one leader for the group discussion, and one or two backup people. The program may be conducted in English, Tagalog (or another Filipino dialect), or Taglish (a combination of Tagalog and English), depending on your participants. The leader(s) must be fluent in the language in which the program will be conducted.

Where To Find a Leader

To find a leader, contact a local medical society, community resource center, hospital community outreach program, local health department, local nursing organization, local clinic, or nonprofit agency like the American Heart Association or the American Red Cross. You can also speak with administrators and key persons at your organization for suggestions or referrals. Explain how your program will benefit your community, namely raising awareness of heart disease and promoting heart-healthy lifestyles. Contact local health care providers, hospitals, health departments, and nonprofit agencies if you plan to offer blood pressure and/or blood cholesterol screenings. Request two to four health care volunteers (depending on the number of participants that you expect) to conduct the screenings and supply necessary kits and equipment. If you are organizing a group discussion at a church, recruit health professionals from the congregation to be leaders or to conduct the screenings.

Tips for Selecting a Leader

Select someone who:

- Works well with the public.
- Has an understanding and respect for the Filipino culture, values, and people.
- Is fully committed to improving the heart health of Filipinos.
- Is willing to be trained.
- May share demographic characteristics and common language with your participants.

The group discussion leader can be a doctor, nurse, health educator, nutritionist, dietitian, social worker, community health worker, or community volunteer. Ask him or her:

- Do you have experience in planning activities for a community or church?
- Do you have a clinical or public health background, training in health education, or a related field?
- Do you have experience in conducting clinical blood pressure or blood cholesterol screenings or heart healthy food demonstrations?
- Do you have heart disease or risk factors for heart disease?
- Do you know someone who has heart disease or risk factors for heart disease?

Talking to Potential Leaders

- Let volunteers know that they are not expected to be experts on heart disease. Tell them that you will send them *Filipinos Take It to Heart: A How-To Guide for Bringing Heart Health to Your Community* to help them prepare for the presentation and group discussion.

- You may want to **say**:

“This is a 2-hour program developed by the National Heart, Lung, and Blood Institute of the National Institutes of Health and [insert the name of your organization]. It is user-friendly and easy to adapt for different Filipino communities. This presentation and group discussion will help Filipinos learn about the risk factors for heart disease, so that they can make heart healthy choices in their lives. In addition, there may be blood cholesterol and blood pressure screenings, referrals, nutrition counseling, and food demonstrations. Please review the guide. It provides useful background information about heart disease and detailed information and materials that you can use for the presentation and group discussion. Thank you for your time and service to the Filipino community.”

Responsibilities of the Program Planner

- Read this entire guide before organizing your program.
- Find a leader and send this guide and a letter confirming the time, date, and location to him or her 4 weeks before the program.
- Reserve a site for the program.
- Arrange optional activities, such as blood pressure and/or blood cholesterol screenings, nutrition counseling, and food demonstrations. Plan to refer participants who have high blood pressure or high blood cholesterol, are overweight, or smoke to physicians in the community.
- Develop a list of local agencies that conduct stop smoking classes or offer support groups, like the American Lung Association or an area hospital or health maintenance organization (HMO), for participants who want to quit smoking.
- Develop a referral list of doctors in the community who work with local clinics.
- Distribute flyers or press releases to promote your program. Send them to television stations, radio stations, newspapers, community centers, recreation centers, schools, clinics, and churches.
- Photocopy the heart health handouts and the evaluation form.
- Hold the group discussion and presentation. Arrive 45 minutes before the program is to begin. Make sure that the seats are arranged, that the equipment for the presentation is setup and working, and that the incentives are displayed. Bring the heart health handouts and evaluation forms.

Finding a Location

Decide where you want to hold your presentation and group discussion and contact the site's manager to reserve the facility 6 to 8 weeks in advance of your event. Request a blackboard or dry erase board, flip chart, table, overhead projector and screen or computer laptop and LCD monitor (if available), and chairs for the participants. If you expect a large group, ask for a microphone. You will need to reserve the room for enough time to accommodate your entire presentation and discussion. Ask for extra tables and chairs if you plan to offer screenings or food demonstrations. You may need to schedule more time if you provide these extra activities. Request that a staff member from the facility attend the program to troubleshoot audiovisual equipment and to make sure that all the items you requested are available.

Ideas for Locations

- Churches
- Health departments or clinic sites
- Recreation center
- Senior center
- Community center
- Youth center
- Library
- Worksites
- School cafeteria, gymnasium, or auditorium
- An individual's home
- Any place where Filipinos gather

NOTE: If the room has windows, make sure that there are curtains, so that outside light does not interfere with the viewing of the presentation slides.

Make the participants feel as comfortable as possible. Try to find a quiet, private, and convenient location. Also, look for ongoing programs with regular participants and have your group discussion be a part of those programs.

Getting Participants To Attend Your Program

Once you have your leader and facility confirmed for the presentation and group discussion, you should prepare to advertise the event.

- Send out program flyers (page 20). Pass them out at community events; post them around the neighborhood where you want to conduct the discussion; and post them in local clinics, hospitals, WIC centers, libraries, grocery stores, restaurants, cooperative extension service centers, social service agencies, health departments, and community centers. Take them door-to-door.
- Send a press release to community newspapers and television and radio stations (page 22). Make sure that you send it out 2 weeks before the presentation and group discussion take place, so that reporters have enough time to prepare the story.
- Send out public service announcements to television and radio stations.

Look for ongoing programs with regular participants and have your group discussion be a part of those programs.

Spread the Word!

- Remember that flyers and printed announcements may not be the most effective way to attract participants. Word-of-mouth may work best. Influential community members, such as social workers, nurses, teachers, or spiritual leaders, can help publicize your event.
- Ask local churches to place announcements in their bulletins or request to make a verbal announcement at the close of a service.
- Approach local school authorities and ask them to send a flyer home with schoolchildren for their families.

Making Photocopies of the Handouts

At a local print shop, prepare enough copies of your handouts and evaluation form for all participants. Having photocopies ready during the discussion is best, so that your participants can go home with ready-to-use materials to reinforce information from the presentation and group discussion.

Providing Incentives

In the Filipino culture, there is nothing more important than family, friends, and a supportive community. To show their love and share life's great blessings, Filipinos give gifts, regalo or pasalubong, to one another. With your participants, show the same level of love and respect that Filipinos share with their loved ones. You can provide nutritious snacks and light refreshments during your program and/or give a small thank-you gift for participation. Incentives not only will attract more participants, but also will show that you really care about their community and are committed to working with them to make personal lifestyle changes.

SECTION 2: PREPARING FOR YOUR PRESENTATION AND GROUP DISCUSSION

Overview

You will give the presentation “Filipinos Take It to Heart.” After the presentation, conduct a group discussion with a question-and-answer session and scenario activity. As the participants are talking, write their comments on a board or flip chart, so that you have a record of all the rich discussion topics taking place. At the end of the group discussion, do a quick review, and then have participants fill out an evaluation form.

Review the chart below. This is a suggested agenda. It can be changed to meet the unique needs of your audience and learning objectives.

Presentation Agenda

- Welcome and Introduction (5 minutes)
- Presentation (30 minutes)
- Group Discussion (1 hour)
- Review (10 minutes)
- Evaluation (15 minutes)
- Additional Activities (1 to 2 hours, as needed)—optional

Throughout the presentation and group discussion, encourage participants to be as open as possible and to share thoughts and ideas on what heart disease means to them, the myths and misconceptions about heart disease, and the barriers and motivations in

making behavioral change. They may also ask questions of their own. The presentation and discussion can be conducted in English, Tagalog, Taglish, or other Filipino dialects as preferred by the participants.

Learning Objectives

By the end of the group discussion, each participant will be able to:

- State that heart disease can be prevented.
- Identify the six heart disease risk factors that people can do something about.
- Identify at least three changes that people can make to lower their risk of heart disease.
- Become familiar with the myths about heart disease and actions that should be taken to dispel them.
- Recognize the importance of having regular blood pressure and blood cholesterol testing as a part of a healthy lifestyle.

By the end of the group discussion, each participant will learn that:

- A blood pressure of less than 120/80 (120 over 80) mmHg is normal.
- A blood cholesterol level of less than 200 mg/dL is best.
- People can quit smoking with support from their family, friends, and community.
- 30 minutes of physical activity each day is best.
- Eating foods low in salt and sodium, saturated fat, and cholesterol is best.
- A BMI of 18.5 to 24.9 is a healthy BMI weight measurement.

Program Planner's Checklist

Items To Prepare for the Participants:

- Photocopies of the handouts and evaluation form
- Pencil and paper for note taking

Items To Prepare for the Leader:

- Filipinos Take It to Heart: A How-To Guide for Bringing Heart Health to Your Community*
- Overhead projector and screen or computer laptop with LCD monitor (if available)
- Flip chart with dark-colored markers, easel, masking tape, and blackboard with chalk and eraser or dry erase board with markers and eraser
- Microphone (optional)

Items To Prepare for Additional Activities:

- Ample supply of tables and chairs
- Electrical outlets for screenings or food demonstrations
- Sphygmomanometers and blood cholesterol screening equipment
- Trained professionals to conduct screenings, nutrition counseling, and food demonstrations. Make arrangements in advance so that participants can be referred to heart health resources in the community, such as the American Heart Association, the American Red Cross, and your local health department, for followup care.

Responsibilities of the Leader

Before the session:

- Familiarize yourself with the program.
- Read the guide and the handouts on preventing heart disease.

On the day of the program:

- Arrive 45 minutes before the program is to begin.
- Bring the guide and program materials. If you have enough time, practice your presentation.
- Test your equipment and check your materials.
- Facilitate the presentation and group discussion according to the program guidelines.
- Collect participant evaluation forms and return them to the program planner.

SECTION 3: DELIVERING THE PRESENTATION

Welcome and Introduction (5 minutes)

Magandang umaga/tanghali/gabi!
(Good morning/afternoon/evening!)
As you welcome the participants, ask a volunteer to stand by the door and give a broken heart (a heart cut in two) to every third person that enters the room. Ask the participant to hold on to the broken heart until further instructions are given during the presentation.

SAY

- Welcome to *Filipinos Take It to Heart*, a program made possible by the National Heart, Lung, and Blood Institute and [name of your organization]. My name is _____, and I will be the leader for today's program. Before we begin, I would like to take a moment to introduce the people that are helping me today. [Introduce your team.]
- We will be spending the next 2 hours (or more) talking about a very serious problem that affects all Filipinos—heart disease. You will learn important facts about heart disease in an interactive, exciting, and fun way.

- We will begin with a 30-minute presentation about heart disease, followed by a 1-hour group discussion, and then conclude our program with a 10-minute review. [If applicable, mention any additional activities.]

If you feel that the participants are a little shy, start your program with an icebreaker, such as a game or group activity to make the participants feel more comfortable. Icebreakers are designed to get people thinking and learning in a casual, fun, and nonthreatening way. Icebreaker activities usually last 10–15 minutes.

SAY

- The purpose of today's program is to raise awareness about heart disease and to discuss the changes that you can make to help prevent heart disease from happening to you or your family.
- Before I begin the presentation, does anyone have any questions? [If no questions are asked, start your presentation.]

Presentation (30 minutes)

Encourage attendees to actively participate and look for ways they can lower their risk of heart disease. You can use the presentation slides and script (pages 33–70).

Examples of Icebreaker Activities

Activity 1—The Name Game

This activity will help you and the participants learn everyone's name. To begin, ask the participants to form a circle (sitting or standing). The leader or a volunteer may start the activity by stating his/her name and favorite activity. For example, "My name is Rita, and I love to cook." The second person will say his/her name and favorite activity and the first person's name and favorite activity. For example, "My name is George, and I love to drive my car. This is Rita, and she loves to cook." This process is continued around the circle with each subsequent person adding his/her own name and favorite activity. The last person, usually the leader, must say everyone's name and favorite activity in order.

Activity 2—Too Many Cooks

Your family (participants) just inherited a successful Filipino restaurant from Uncle Luiz. The only problem is Uncle Luiz was very disorganized. The only recipes that you have found are on torn strips of paper. You have to make sense of it all and quickly! The restaurant's grand opening is tonight and you have to have the food ready.

1. Give each participant a part of a heart-healthy Filipino recipe (e.g., an ingredient, instruction). You may use the recipe on page 32 and cut it into strips. You may use one recipe, or you may use multiple recipes.
2. Participants must work with one another to get the recipe straightened out as quickly as possible. The recipe must make sense.
3. When a group of people have put together a recipe, they will loudly announce, "kain tayo (let's eat)" to signal the end of the game. That group will introduce themselves and read their recipe in order.

SECTION 4: ENGAGING YOUR PARTICIPANTS IN THE GROUP DISCUSSION

The group discussion is divided into two sections: 1) a 30-minute group discussion with a question-and-answer session and 2) a 30-minute group activity designed to apply new knowledge learned to real-life situations and to get participants up and moving.

Group Discussion With Question-and-Answer Session (30 minutes)

During the group discussion, allow the participants to ask questions and interact with each other. From the discussion, gather as much knowledge as you can about how much the community knows about heart disease and how much they have learned from the presentation.

You may start your group discussion by **asking** the participants:

- Was there any information in the presentation that was new or surprising to you?

Listen to all of their responses and write them down on the board or flip chart. Keep the discussion going by responding to the participants' questions and by referring to the information in the presentation. **Ask** the following questions:

- What puts you at a higher risk for developing heart disease?
- What are your personal experiences with heart disease?

Is There a Question That You Can't Answer?

During the group discussion, participants may ask you questions about your presentation. Feel free to look up answers if difficult or technical questions are asked. Simply say, "I can look up that answer in a moment. Here, let me read it to you." Refer to the frequently asked questions handout in the appendix (pages 23–25). The questions are labeled according to their subject category, so it will be easier for you to find the answer. Tell any participant who is taking up too much group time that you will gladly talk to him or her after the session. For questions that you cannot answer, you may refer participants to the NHLBI Information Center (page 71).

Group Activity (30 minutes)

When you feel that your participants have learned the ways in which people can live a more heart healthy lifestyle, test their knowledge by giving them real-life scenarios to work through in small groups. Not only is this a good skill-building exercise, but also it promotes teamwork and encourages peer-to-peer learning among your participants.

Instructions for the Scenarios

1. Have your participants break into three groups.
2. Ask each group to select one person to be the primary reader, one person to be the secondary reader, and one person to be the writer.
3. Pass out the scenarios (page 28).
4. Assign one group to each scenario.
5. Give each group 15 minutes to read its scenario and think of heart-healthy solutions.
6. Ask a group to present its scenario.
7. The group's primary reader will read the scenario out loud.
8. The secondary reader will read the group's heart-healthy solutions.
9. The writer will write down any comments or suggestions from the other participants.
10. When the group is finished, the leader will ask the participants if they can identify with the scenario. Ask those individuals if they can adopt the suggested heart-healthy behavior changes.
11. Repeat steps 6 – 10 with the second and third group.

Scenario Handouts

- At the end of scenario 1, show the participants a food display to illustrate the amount of fat that is in fresh lumpia versus fried lumpia (page 29).
- At the end of scenario 2, pass out the healthy Filipino recipe (page 32) or suggest that celebrations can be broken up with traditional Filipino games and/or dancing.
- At the end of scenario 3, pass out the “Heart Disease Risk Factors That You Can Do Something About” handout (page 30).

SECTION 5: REVIEWING YOUR PRESENTATION AND GROUP DISCUSSION

Review (10 minutes)

ASK:

- What six things can you do to lower your chances of getting heart disease?

Write the correct responses on the board or flip chart.

Six Heart Disease Risk Factors That You Can Do Something About:

- Having high blood pressure
- Having high blood cholesterol
- Smoking
- Not being physically active
- Being overweight
- Having diabetes

ASK:

- What are three lifestyle changes that people can make to prevent heart disease?

Three Possible Lifestyle Changes To Prevent Heart Disease

1. Have your blood pressure and blood cholesterol checked regularly.
2. Take off extra weight by cutting down on calories, eating smaller portions, and being more active.
3. Use less salt and sodium when cooking at the table.

ASK:

- How would you tell your community about heart disease?
- What would you do to spread the word?

Ball Toss Review Activity (Optional)

1. Ask everyone in the room to stand in a circle.
2. Toss a small, soft ball to a participant, and he or she will have to tell what was the most important lesson learned.
3. He or she then tosses the ball to someone else and that person explains what he or she thought was the most important lesson learned.
4. Continue the activity until everyone has caught the ball at least once and has explained an important lesson learned.

Note: This activity also can be done with “three possible lifestyle changes to prevent heart disease” or “six heart disease risk factors that you can do something about.”

Remind participants to take the handouts home and to share them with family and friends. You may also add *Filipinos Aspire for Healthy Hearts* fact sheets to your handouts. These fact sheets are low literacy and are written in English and Tagalog. They provide tips on how to live heart healthy. For more information, see page 71.



SECTION 6: EVALUATING YOUR PRESENTATION AND GROUP DISCUSSION

Evaluation (15 minutes)

Nagpapasalamat po ako sa inyong mapakalaking tulong sa amin. Salamat po sa bisita! (I would like to thank you for your great help. Thank you for coming!) Ask each participant to complete a short evaluation form (page 31). You may find it useful to read each question to the group as they fill out the evaluation form.

If people choose not to complete the evaluation, you may ask them a few questions while they are waiting to be screened or as they are leaving the room. Thank the participants for attending and give them their thank-you gift, if applicable.

SECTION 7: ADDITIONAL ACTIVITIES

Additional Activities (1 to 2 hours, as needed)—Optional

If you have prepared additional activities for your participants, you may want to add additional questions to your evaluation form and then delay the evaluation until after all of your activities are completed.

Your activities can range from free screening services to food demonstrations or teaching traditional Filipino activities, such as sipa or kali. If you choose to do a food demonstration, you can use the simple, heart healthy recipe on page 32. Other activities can include a smoking cessation class, cardiopulmonary resuscitation (CPR) class, or nutrition counseling.



SECTION 8: BUILDING KNOWLEDGE FOR ACTION

Bahala ka! (It is up to you!)

After you have completed your presentation and group discussion, you should maintain the momentum in the community by beginning to plan for future programs based on the information that you gathered. Read over the evaluation results and record feedback from the program leader and other volunteers. Their suggestions can only help improve your program and make it even better. Also, spread the word by holding your presentation and group discussion activities in other Filipino communities. Continue to recruit more volunteers in a wide range of fields. Talk to other people who are working with community members to improve heart health and see what they have done. Over time, you can add new information to your presentation and more games and activities to your program.

APPENDICES

Appendix A	Filipino Community Profile	18
Appendix B	Sample Program Flyer (English)	20
	Sample Program Flyer (Tagalog)	21
Appendix C	Sample Press Release	22
Appendix D	Heart Disease Risk Factors: Frequently Asked Questions	23
Appendix E	Wallet Card	26
Appendix F	Watch Your Weight BMI Chart	27
Appendix G	Group Activity—Scenarios	28
Appendix H	How To Create a Food Display	29
Appendix I	Heart Disease Risk Factors That You Can Do Something About	30
Appendix J	Sample Evaluation	31
Appendix K	How To Do a Heart-Healthy Food Demonstration	32
Appendix L	Presentation Slides and Script	33

FILIPINO COMMUNITY PROFILE

Historical Background

- The first period of Filipino immigration to the United States began in 1763 when crewmen from the Spanish-Mexican galleon trade escaped enslavement and hard labor and disembarked in the Louisiana region.
- From 1900 to 1934, Filipino immigrants comprised of mostly men who worked as contract workers in Hawaii, California, Washington, and Alaska. A smaller number of government-subsidized scholars also came in the early 1900s to study and returned to the Philippines to positions of responsibility.
- The third immigration from 1945–65 consisted of military personnel and their families, World War II veterans, professionals, and students. More women and families were in this group.
- After 1965, the number of Filipino immigrants increased dramatically. Many were well-educated and came as family groups.
- After 1980, Filipino immigration consisted mainly of elders who were “followers of adult children” and the newcomer World War II veterans.
- The majority of Filipinos Americans live in California and Hawaii. Other states with large Filipino American populations are: Illinois, New York, New Jersey, Washington, Virginia, Texas, Florida, and Maryland.
- The top five cities with the largest population of Filipino Americans include: Los Angeles, San Diego, Honolulu, New York, and San Francisco.
- The Philippines is a multilingual country of 7,000 islands where only 1,000 are inhabited. There are 8 major languages (Tagalog, Bicol, Cebuano, Ilocano, Ilongo, Kapampangan, Pangasinenes, and Waray) that are mutually unintelligible and about 90 ethnic dialects that span the major languages.

Sociodemographic Information

- Filipino Americans are the second largest Asian American and Pacific Islander (AAPI) ethnic group in the United States.
- Filipinos are the second largest immigrant population after Mexican Americans.
- In 2000, Filipino Americans numbered 1,850,314 with 66 percent born outside of the United States. Of the 66 percent foreign born, 36 percent do not speak English very well.
- Heart disease is the leading cause of death among Filipinos.
- One out of four Filipinos have high blood pressure (also known as hypertension).
- Filipinos have the highest rate of high blood pressure among Asians and Pacific Islanders.
- Only 8 percent of Filipinos have their high blood pressure controlled compared to 25 percent of the general population.
- Among Filipino men over the age of 50, 60 percent have high blood pressure.
- Among Filipino women over the age of 50, 65 percent have high blood pressure.

Heart Disease in the Filipino Community*

* Findings from the 1979 California Hypertension Study funded by NHLBI (NO1-HV-72985)

Values, Traditions, and Health

Bahala na refers to the belief that most things are outside the individual control and in the hands of God. *Pakikisama* refers to smooth interpersonal relationships and reflects a high value on harmony and avoiding conflict. It can result in giving into peer pressure and “going with the flow” so as not to cause displeasure. *Hiya* connotes loss of face or shame. *Utang na loob* refers to a debt of gratitude within relationships. For example, children are indebted to parents forever because they raised them, and if someone does another a favor he or she can expect a favor in return. The vast majority of Filipinos are Catholics, and religious values reinforce traditional respect for hierarchy and reliance on God.

In Philippine society, it is common for several generations of families to share one household. Thus, caring for family members is integrated over time into family dynamics. Putting the family welfare before oneself, loyalty, and interdependence are traits deeply imbedded in the Filipino culture. Family is the major source of emotional, moral, and economic support.

In traditional Filipino culture, health problems and accidents are attributed to outside factors such as overwork, exposure, anxiety, punishment from God, curses, souls of the dead, or evil persons. The literature suggests that these environment factors may cause Filipinos to become emotionally and mentally distressed. Furthermore, the literature shows that Filipinos underutilize mental health services. Once in the health care system, however, Filipinos tend to ascribe great status to health professionals, often resulting in reserved, quiet behaviors during health examinations. It is also likely, however, to result in high compliance with prescribed treatment.

Special Issues To Consider

- Filipinos are heterogeneous in terms of subethnic background, education, income, and geographic distribution with major distinctions between early and recent immigrants.
- Family, great respect for elders, and social support are of fundamental importance to Filipinos.
- Fluency in English or appearances of being “Americanized” should not be interpreted as indications of full integration in the mainstream culture. Certain barriers to care and health information continue to affect the Filipino community (e.g., cultural values related to seeking medical care, perceived conflict between western and traditional medicine, a high percentage of foreign-born with continuing language-related barriers, the unavailability of health care providers with the same ethnic background, and a resultant lack of knowledge about American health care).
- Folk healers are sometimes sought out first because they are kin, neighbors, friends, or friends of friends. This personalistic approach to health care seeking demonstrates the need for trust between health care providers and the Filipino community.

References

- Anderson J. Health and illness in Pilipino immigrants. *Western Journal of Medicine* 1983;139(6):811-819.
- McBride MR, Marioka-Douglas N, Yeo G. *Aging and Health: Asian and Pacific Islander Elders*. Second Edition. Stanford Geriatric Education Center Working Paper Series Number 3, Ethnogeriatric Reviews. Stanford, California, 1996.
- Stavig GT, Igra A, Leonard AR. Hypertension and related health issues among Asians and Pacific Islanders in California. *Public Health Reports* 1988;103(1):28-37.
- U.S. Bureau of the Census. Current Population Reports, Population Characteristics, P20-459. *The Asian and Pacific Islander Population in the United States*. Washington DC: U.S. Government Printing Office, 1992.

FILIPINOS TAKE IT TO HEART



**Did you know that almost one out of three
Filipinos dies of heart disease?
Do you want to be that one in three?
Live healthier and longer by taking your
health to heart.**

This program will teach you how to:



- Keep your heart and your family's hearts healthy
- Eat in a heart-healthy way
- Keep a healthy weight
- Increase physical activity
- Quit smoking

Day/Date: _____

Time: _____

Location: _____

For more information: _____

Join your community members at a free 2-hour lively session to talk about how you can protect yourself and your family from heart disease.



This session is sponsored by the National Heart, Lung, and Blood Institute, National Institutes of Health, U.S. Department of Health and Human Services, in partnership with [add your organization name here].

SIRYOSO ANG MGA PILIPINO TUNGKOL SA BAGAY NA ITO.

**Alam ba ninyong halos isa sa tatlung Pilipino ang
namamatay dahil sa sakit sa puso?
Gusto ba ninyong maging kayo ang isa sa tatlung iyon?
Maging siryoso tungkol sa bagay na ito upang mabuhay
nang mas malusog at mas matagal.**

Alamin kung paano ninyo:



- Mapapanatiling nasa mabuting kundisyon ang inyong puso, at ang kundisyon ng mga puso ng inyong pamilya
- Makakakain nang tama para sa ikabubuti ng kundisyon ng puso
- Mapapanatiling nasa tamang timbang
- Madadagdagan ang mga gawaing pampisikal
- Maihihinto ang paninigarilyo

Araw/petsa: _____

Oras: _____

Lugar: _____

Para sa iba pang impormasyon, tumawag sa: _____

Umattend kayo dito sa 2-oras na masigla at masayang pakikipag-usap tungkol sa kung paano ninyo mapapangalagaan ang inyong sarili at ang inyong pamilya laban sa sakit sa puso.



Ini-sponsor ang sessiong ito ng National Heart, Lung, and Blood Institute, National Institutes of Health, U.S. Department of Health and Human Services, kasama ang [isulat ninyo ang tawag sa samahan ninyo].

FOR IMMEDIATE RELEASE

Date: _____

Contact person(s): Name: _____

Organization: _____

Phone: _____

Fax: _____

E-mail: _____

[INSERT NAME OF ORGANIZATION] ASKS FILIPINOS TO TAKE IT TO HEART

[Insert city, state]—On [insert date], [insert name of organization] will host the *Filipinos Take It to Heart* program, at [insert name of venue] in [insert city]. The session features a brief presentation and group discussion on preventing heart disease, which claims more Filipino lives than any other disease. [Insert if relevant] All participants will receive [insert incentive or giveaway].

Filipinos Take It to Heart is an opportunity for people to have fun and to do something positive for their family, friends, and community. One of the major risk factors for heart disease is high blood pressure. Filipinos suffer from very high rates of high blood pressure, also known as hypertension. One in four Filipinos has high blood pressure—the highest among Asian Americans and Pacific Islanders. Many are not aware that they have high blood pressure or are not taking the necessary actions to control it. Hypertension is called the “silent killer” because it has no symptoms. It can lead to heart attack, stroke, heart disease, kidney failure, or, even worse, death. “Our community needs to become more aware that high blood pressure is not a fact of life but that they can do something about it,” said [insert name of local community leader].

High blood pressure can be prevented or, if already developed, controlled. Often, four lifestyle changes can lower blood pressure to a healthy level: (1) eating foods with less salt, sodium, and cholesterol, (2) taking off extra weight, (3) getting regular physical activity, and (4) for those who drink alcohol, doing so in moderation. Those with high blood pressure may also need to take medication to control their condition. For good health, all persons should quit smoking cigarettes. “We want Filipinos to know that they can and must take action against high blood pressure to prevent heart disease. We can continue to do so by making sure that we have strong and healthy hearts,” said [insert name].

[Insert if relevant] Other *Filipinos Take It to Heart* activities include free blood pressure and blood cholesterol screenings.

[Insert if relevant] For those who cannot attend the *Filipinos Take It to Heart* program, free blood pressure and blood cholesterol screenings will be given at [insert name of venue] on [insert date] at [insert time].

For more information about any of these activities, contact [insert name] with [insert organization] at [insert phone number].

For free information in English and Tagalog on how to live a heart healthy life, contact the National Heart, Lung, and Blood Institute Health Information Center at 301-592-8573, or visit their Web site at <http://www.nhlbi.nih.gov/>.

HEART DISEASE RISK FACTORS: FREQUENTLY ASKED QUESTIONS

Blood Pressure Questions

Q: What is blood pressure?

A: Blood pressure is the force applied by the blood against the walls of your arteries. Blood pressure is needed to move the blood through your body.

Q: What is high blood pressure?

A: High blood pressure occurs when the pressure in the arteries stays high because of resistance to blood flow through the arteries. This means that the heart has to work harder to carry blood to the rest of the body.

Q: What are the signs of high blood pressure?

A: High blood pressure usually has no signs or symptoms. It is called the silent killer. A person can have high blood pressure and still feel fine. That is why it is important that you have your blood pressure checked. Ask the doctor what your number is and what the number means. Be sure to remember your number.

Q: Is hypertension the same thing as having high blood pressure?

A: Yes, hypertension means high blood pressure. A person who has a blood pressure of 140/90 mmHg or higher on two or more separate visits is considered to have high blood pressure or hypertension. If blood pressure stays too high, a person can have a heart attack, a stroke, kidney disease, or congestive heart failure and can even die.

Q: How can I lower my high blood pressure?

A: To lower high blood pressure, try to:

- Choose foods low in salt and sodium.
- Eat more fruits, vegetables, and lowfat dairy products.
- Lose weight if you are overweight.
- Exercise at least 30 minutes on most days.
- Drink less beer, wine, and liquor.
- Take your medicine as your doctor tells you.

Q: Why are two numbers given for blood pressure?

A: Blood pressure is always given as two numbers, systolic and diastolic pressures. Usually they are written one above the other, such as 120/80 mmHg. The top number, systolic, tells you how much pressure is used to pump blood. The bottom number, diastolic, tells you how much pressure there is between heartbeats, when your heart is at rest.

Q: What is considered a normal blood pressure level?

A: Less than 120/80 mmHg.

Q: Does stress cause you to have high blood pressure?

A: Stress can cause your blood pressure to go up but only for a little while. This change in blood pressure is normal. High blood pressure occurs when the pressure stays high over a period of time.

Sodium and Salt Questions

Q: Why should I cut back on salt and sodium?

A: Eating a diet lower in salt or sodium may prevent high blood pressure. It is recommended that a person eat no more than 2,400 mg of sodium per day. One teaspoon is about the same as 2,400 mg of sodium. This amount includes the sodium naturally found in foods and salt and sodium found in some processed foods. Look on the food label to find the amount of sodium in packaged foods. Choose foods labeled “sodium free,” “low sodium,” “reduced or less sodium,” “no salt added,” or “light in sodium.”

Q: How can I add flavor to my foods without salt?

A: Start by slowly using less and less salt in your cooking. Use condiments such as patis and soy sauce in moderation. Use more herbs and spices instead of salt to add flavor to your food. It will make your food taste even better.

Blood Cholesterol Questions

Q: What is blood cholesterol?

A: Cholesterol is a waxy substance in your arteries. Too much cholesterol from foods high in saturated fat and dietary cholesterol can clog your arteries, narrowing the opening. The narrowed arteries may also become completely blocked by a blood clot. Narrowed and blocked arteries can lead to angina, heart attack, stroke, kidney disease, blindness, and poor blood circulation.

Q: What is a normal blood cholesterol level?

A: Less than 200 mg/dL.

Q: What is a higher-than-normal level?

A: 200–239 mg/dL is borderline high; 240 mg/dL or higher is high.

Q: What do “good” and “bad” cholesterol mean?

A: HDL (high density lipoprotein), or “good cholesterol,” helps clean fat and cholesterol from arteries by carrying it to the liver for removal from the body. LDL (low density lipoprotein), or “bad cholesterol,” deposits cholesterol in your arteries and causes them to become clogged.

Q: How can you lower your blood cholesterol?

A: The best way to lower your blood cholesterol level, especially your “bad” LDL cholesterol, is to cut back on saturated fat in your diet. Saturated fats are found mainly in animal products, such as whole milk, ice cream, fatty meats, lard, some vegetable oils (coconut oil, palm oil, palm kernel oil, and “hydrogenated” vegetable oils), cookies, crackers, chips, and candy bars.

Q: What is dietary cholesterol?

A: Cholesterol in foods is called dietary cholesterol. It can raise your blood cholesterol level but not as much as saturated fats. Dietary cholesterol is found in foods that come from animals (e.g., egg yolks, dairy products, meat, poultry, fish, and shellfish), squid, shrimp, and organ meats like liver and tripe.

Q: Who should have their blood cholesterol tested?

A: All adults 20 years of age or older should have their blood cholesterol checked at least once every 5 years.

Q: Do children benefit from eating foods low in saturated fat and cholesterol?

A: Children age 2 and older can benefit from a diet low in saturated fat and cholesterol. Giving children cut fruits and vegetables as snacks instead of french fries and fatty chips is a good way to cut down on saturated fats. These simple changes can establish heart healthy habits early.

Physical Activity Questions

Q: What are the benefits of regular physical activity?

A: Regular physical activity:

- Makes you more energetic.
- Helps you lose weight.
- Helps you lower your blood pressure.
- Helps your lower your blood cholesterol.
- Makes you sleep better.
- Reduces stress.

Q: Do I need to do a lot of vigorous exercise?

A: You do not need vigorous exercise to reduce your risk of heart disease. All you need is at least 30 minutes of moderate physical activity. It is best to exercise every day.

Q: What kind of activities can I do to improve my heart health?

A: Activities such as brisk walking, gardening, (traditional) dancing, sipa (Filipino shuttlecock game), kali (Filipino traditional martial arts), swimming, and playing ball with friends can improve your heart health.

Smoking Questions

Q: What is the best way to quit smoking?

A: Experts say three ways to quit smoking are:

- **Use the nicotine patch or nicotine gum.**
The nicotine in the patch or gum can reduce the craving for nicotine when you stop smoking. Ask your doctor for advice and follow the package directions before using the patch or gum.
- **Get support and encouragement.** Family, friends, and your doctor can offer you encouragement and support. You can also attend a quit-smoking program for added counseling and support.
- **Learn how to handle stress and urges to smoke.** Be aware of the things that make you want to smoke. Distract yourself from thinking about smoking by doing things you enjoy, such as talking to your friends, walking, dancing, or working around the house.

Q: If I quit smoking, will I gain weight?

A: You are likely to gain weight when you quit smoking, especially if you gained weight on previous quit attempts. Most smokers gain less than 10 pounds. The amount of weight you may gain from quitting will be a minor health risk compared to the risk of continued smoking. Focus your attention on quitting smoking first. After you have quit smoking successfully, you can take steps to lose weight. While you are quitting, eat plenty of fruits and vegetables, exercise regularly, get plenty of sleep, and avoid fatty foods.

Weight Control Questions

Q: Is skipping meals a good way to lose weight?

A: No, skipping meals to lose weight is not a good idea. It changes the way the body manages energy and may cause you to eat more at the next meal. Long term, this behavior may lead to weight gain.

Q: What is the best way to lose weight?

A: The best way to lose weight is to:

- Choose foods that are low in fat and low in calories.
- Reduce the portion size that you eat.
- Add physical activity to your daily schedule.

Q: Can being overweight raise my risk of heart disease?

A: Yes, it can! Being overweight raises your risk for high blood cholesterol, high blood pressure, and diabetes. Even if you do not have high blood pressure or high blood cholesterol, being overweight may increase your risk of heart disease.

Q: How can I help my family eat heart healthy?






A: Make a heart healthy meal plan for each day.

- Take the saltshaker and soy sauce off the table.
- Use herbs and spices instead of salt when you cook.
- Bake, broil, boil, or steam foods instead of frying them.
- When eating out, ask for dishes prepared with little salt, sodium, and animal fat.
- Serve fruit for dessert instead of foods high in saturated fat and cholesterol.
- Stock your kitchen with healthy snacks and foods.
- Shop with a grocery list, so you won't be tempted to buy foods that are high in fat.
- Be a role model—eat the way you want your family to eat.

**WALLET
CARD**

Cut along dotted lines, paste back to back, and fold in half to make your own personal wallet card.

Try these tips for a healthy heart!

- More**  + fruits, vegetables, and lowfat dairy products
- Less**  + physical activity
- None**  - fat, cholesterol, and sodium
-  - overweight
-  0 cigarettes
- = Health for the Heart

For more information, call (301) 592-8573
 U.S. DEPARTMENT OF HEALTH
 AND HUMAN SERVICES
 National Institutes of Health
 National Heart, Lung, and Blood Institute



Front

Health for Your Heart



Prevent heart disease.
 Get your blood pressure
 and blood cholesterol
 checked.

Name _____

(fold)

**Know Your Number!
 It may save your life.**

Blood Pressure

Blood Cholesterol

A blood pressure of less than 120/80 is normal. 120/80 to 139/89 is prehypertension. A reading of 140/90 or more is high blood pressure.

It is best to have a level less than 200. A level of 240 or higher may lead to a heart attack.

If your blood pressure and blood cholesterol levels are at a desirable level, check your blood pressure once a year and your blood cholesterol once every 5 years.

Back

**YOUR PERSONAL RECORD FOR
 BLOOD PRESSURE AND CHOLESTEROL**

DATE	BLOOD PRESSURE	CHOLESTEROL
	/	
	/	
	/	
	/	
	/	
	/	
	/	
	/	
	/	
	/	

WATCH YOUR WEIGHT! CHECK THE CHART TO FIND YOUR BODY MASS INDEX (BMI)

Directions: Find your weight on the top of the graph. Go straight down from that point until you come to the row that matches your height. The number in the square is your BMI.

		Weight in Pounds													
		120	130	140	150	160	170	180	190	200	210	220	230	240	250
Height in Feet and Inches	4'6	29	31	34	36	39	41	43	46	48	51	53	56	58	60
	4'8	27	29	31	34	36	38	40	43	45	47	49	52	54	56
	4'10	25	27	29	31	34	36	38	40	42	44	46	48	50	52
	5'0	23	25	27	29	31	33	35	37	39	41	43	45	47	49
	5'2	22	24	26	27	29	31	33	35	37	38	40	42	44	46
	5'4	21	22	24	26	28	29	31	33	34	36	38	40	41	43
	5'6	19	21	23	24	26	27	29	31	32	34	36	37	39	40
	5'8	18	20	21	23	24	26	27	29	30	32	34	35	37	38
	5'10	17	19	20	22	23	24	26	27	29	30	32	33	35	36
	6'0	16	18	19	20	22	23	24	26	27	28	30	31	33	34
	6'2	15	17	18	19	21	22	23	24	26	27	28	30	31	32
	6'4	15	16	17	18	20	21	22	23	24	26	27	28	29	30
	6'6	14	15	16	17	19	20	21	22	23	24	25	27	28	29
	6'8	13	14	15	17	18	19	20	21	22	23	24	25	26	28

My weight _____ My BMI category _____ My waist measurement _____

What is BMI?

BMI measures weight in relation to height. The BMI ranges for adults show that the risk for cardiovascular disease increases at higher levels of overweight and obesity.

Waist circumference:

A waist measurement of more than 35 inches for women and more than 40 inches for men is high. A high waist measurement increases your risk for heart disease.

What does your BMI mean?

- Healthy weight**—BMI from 18.5 to 24.9
 Good for you! Make it a goal to keep your healthy weight.
- Overweight**—BMI from 25 to 29.9
 Try not to gain any weight. You need to lose weight if you have two or more risk factors and:
 - Are overweight, or
 - Have a high waist measurement
 Ask your doctor or nutritionist for help.
- Obese**—BMI is 30 or higher
 You need to lose weight. Lose weight slowly about 1/2 to 1 pound a week.
 Ask your doctor or nutritionist for help.

GROUP ACTIVITY—SCENARIOS

Scenario 1



Joy is a busy, working mom with three children. She rarely makes dinner for her family because of her hectic schedule. Three or four days a week, Joy takes her children to fast food restaurants. Her children love eating their hamburgers and french fries, drinking soda, and getting free toys. Joy is relieved because she doesn't have to cook, and her children play quietly. However, Joy wants her children to live healthy lives. She is worried that they are spending too much time playing video games or watching the television after big meals. Combined with the fast food, Joy is worried that her children will become overweight soon. What should Joy do?



Sofia is 30 years old and is already at high risk for heart disease. Her blood pressure is 148/92 mmHg, and her total cholesterol is 265 mg/dL. Her family tries to encourage her to lower her blood pressure and blood cholesterol levels, but they do not know the right things to say to her. You are close friends with Sofia and her family, and you know something about reducing your risk of heart disease. What would you tell Sofia's family to say? How can you encourage Sofia to live a healthier lifestyle?

Scenario 2



Leon and his wife like to have parties at their house. They enjoy the company of their family and friends, and they celebrate with food and drinks. They love to make adobo with chicken that has skin on it, pancit, fried lumpia with fatty pork, sinigang with a lot of patis, and sweet desserts. Their gatherings usually start in the afternoon and last through the evening. All the while, they are sitting down eating and drinking alcohol. At least once a week, Leon and his friends have parties at their houses. What do you suggest to make their celebrations more heart healthy?

HOW TO CREATE A FOOD DISPLAY

Food displays visually help participants learn about healthy food choices. They can reinforce nutrition information from your presentation and group discussion. They can even motivate your participants to eat in a heart healthy way. There are many different kinds of food displays, which can be used in any set-

ting. For instance, you can show the amount of fat in specific foods or how to make the best choices at fast food restaurants. Use the food display below to show your participants a heart-healthy alternative to fried lumpia.

Food Display: How Much Fat Is in Fried Lumpia?

Materials needed:

Poster board, 20 inches x 30 inches
 Pictures of food or food models
 Dark-colored plastic spoons
 Light-colored clay
 Velcro strips
 Scissors
 Markers
 Glue

Directions:

1. Find out how much fat is in one serving of fresh lumpia (not fried) versus one serving of fried lumpia. Convert that quantity into teaspoons (4 grams of fat equals 1 teaspoon).
2. Cover as many plastic spoons as you need with the appropriate amount of clay. Make sure to glue the clay onto the spoon.
3. With scissors, cut out the food pictures and the text for your food display.
4. On the poster board, arrange the food pictures, text, and spoons where you want them.
5. Glue the food pictures and text onto the poster board.
6. Cut the Velcro into squares. Glue one part of the Velcro (female) to the back of each spoon, one at the top of the handle and one at the bottom where the spoon curves.
7. Glue the other part of the Velcro (male) to the poster board, where the spoon will be placed.
8. Attach the spoons to the board, matching up the Velcro squares.

The Way You Prepare Your Lumpia Makes a Difference



6 fresh lumpia rolls = 1 1/4 teaspoons fat



6 fried lumpia rolls = 3 1/2 teaspoons fat

HEART DISEASE RISK FACTORS THAT YOU CAN DO SOMETHING ABOUT

Risk Factors	Facts You Need To Know	Take These Steps To Prevent Heart Disease								
<p>High blood pressure High blood pressure is called the silent killer.</p>	<p>When your blood pressure is high, your heart works harder than it should to move blood to all parts of the body. If not treated, high blood pressure can lead to stroke (brain attack), heart attack, eye and kidney problems, and death.</p> <p>Check your readings:</p> <ul style="list-style-type: none"> • Less than 120/80 mmHg is normal. • 120/80 to 139/89 mmHg is prehypertension. Your blood pressure could be a problem. Act now. • High blood pressure is 140/90 mmHg or more (based on readings at two different visits). 	<ul style="list-style-type: none"> • Use less salt and sodium. • Eat more fruits, vegetables, and lowfat dairy products. • Aim for a healthy weight. • Be physically active on most days. • Check your blood pressure at least every 2 years, or more often if you have prehypertension or high blood pressure. • Cut back on alcohol. 								
<p>High blood cholesterol Cholesterol in your arteries is like rust in a pipe. When there is too much cholesterol in the blood, the arteries become clogged, which leads to heart disease.</p>	<p>Check your total cholesterol numbers: Desirable: less than 200 mg/dL Borderline high: 200–239 mg/dL High: 240 mg/dL or more</p> <p>Check your LDL cholesterol numbers: Optimal: <100 Near optimal/Above optimal: 100–129 Borderline high: 130–159 High: 160–189 Very high: ≥190</p> <p>HDL cholesterol levels of 60 or more help lower your risk for heart disease. A level less than 40 is a major risk factor for heart disease.</p> <p>Triglycerides: A normal triglyceride level is less than 150.</p>	<ul style="list-style-type: none"> • A “lipoprotein profile,” which measures all of your cholesterol levels (total, LDL, and HDL) and triglycerides, can be done at a doctor’s office. • Get your blood cholesterol level checked at least once every 5 years if you are 20 or older. • Learn what your number means. If they are high, ask your doctor how you can lower them. • Eat fewer foods high in saturated fat, trans fat, and cholesterol. • Stay physically active. • Aim for a healthy weight. • Control triglycerides: <ul style="list-style-type: none"> - Eat a heart healthy diet that is not too high in carbohydrates. High carbohydrate diets (>60 percent of the diet) can raise triglyceride levels. - Avoid smoking and alcohol because they raise triglycerides. Smoking also lowers HDL cholesterol. 								
<p>Smoking You put your health and your family’s health at risk when you smoke.</p>	<p>Cigarette smoking is addictive. It harms your heart and lungs. It can raise your blood pressure and blood cholesterol and those of others around the smoker.</p>	<ul style="list-style-type: none"> • Stop smoking now or cut back gradually. • If you can’t quit the first time, keep trying. • If you don’t smoke, don’t start. 								
<p>Physical inactivity Physical inactivity can double your chances of heart disease and can take away years from your life.</p>	<p>Physical inactivity increases your risk of high blood pressure, high blood cholesterol, diabetes. Adults should do at least 30 minutes of moderate physical activity on most days. Children should aim for 60 minutes of moderate physical activity on most days.</p>	<ul style="list-style-type: none"> • You can build up to 30 minutes each day by being active for 10 minutes three times a day. • Try walking, dancing, and playing soccer. • Use the stairs instead of the elevator. 								
<p>Overweight Overweight occurs when extra fat is stored in your body. Being overweight increases your risk of developing high blood pressure, high blood cholesterol, overweight, and diabetes.</p>	<p>Check your BMI and waist circumference:</p> <table border="1" data-bbox="662 1644 914 1749"> <thead> <tr> <th>Category</th> <th>BMI</th> </tr> </thead> <tbody> <tr> <td>Normal</td> <td>18.5–24.9</td> </tr> <tr> <td>Over weight</td> <td>25–29.9</td> </tr> <tr> <td>Obese</td> <td>≥30</td> </tr> </tbody> </table>	Category	BMI	Normal	18.5–24.9	Over weight	25–29.9	Obese	≥30	<ul style="list-style-type: none"> • Get your BMI and waist measured every 2 years or more often if your doctor recommends it. • Keep a healthy weight. Try not to gain extra weight. • If you are overweight, try to lose weight slowly. Lose 1/2 to 1 pound a week. • Eat sensible portions and be physically active.
Category	BMI									
Normal	18.5–24.9									
Over weight	25–29.9									
Obese	≥30									
<p>Diabetes When the sugar in your blood is high, your body cannot use the food that you eat for energy.</p>	<p>Diabetes is serious; you may not know that you have it. It can lead to heart attacks, blindness, amputations, and kidney disease.</p> <p>Almost one out of every five adult Asian and Pacific Islanders who have diabetes are Filipino.</p>	<ul style="list-style-type: none"> • Find out if you have diabetes. Get your blood sugar level checked at least every 3 years beginning at the age of 45. You should be tested at a younger age and more often if you are at risk for diabetes. 								

SAMPLE EVALUATION

We would like your opinion of the program that you attended today. Please fill out this form as completely as possible.

1. How would you rate the program that you attended today? Excellent Good Fair Poor

2. How would you rate the leader? Excellent Good Fair Poor

3. Check yes or no.

a. The content was presented in a clear and effective way.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. The activities were appropriate, educational, and fun.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. The handouts and visuals added to my learning.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. This program is useful to my community and me.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. After today's program, do you feel prepared to lower your risk for heart disease? Very prepared Prepared Not prepared Don't know

5. Check what you are not thinking of doing, thinking of doing, planning to do, already doing, or will continue to do to prevent heart disease.

	Not thinking of doing	Thinking of doing	Planning to do	Already doing	Will continue to do
a. Be active at least 30 minutes on most days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eat out at fast food restaurants less often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Read food labels to choose foods lower in sodium, total fat, saturated fat, trans fat, and cholesterol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Use half the amount of salt and sodium that I normally use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Maintain a healthy weight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Have my blood pressure and blood cholesterol checked regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Quit smoking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Drink less alcohol, or drink in moderation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Eat more fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Starting today, what activities will you do to prevent heart disease?

7. What did you like about this program?

8. What did you dislike about this program?

9. How would you improve this program for the future?

10. What topics would you like to see covered in future programs that we didn't cover today?

11. Other comments?

Maraming salamat po! (Thank you very much!)

HOW TO DO A HEART HEALTHY FOOD DEMONSTRATION

Food demonstrations can show people that food can be prepared in a heart healthy way and still be tasty. A food demonstration can be a simple activity (e.g., how to remove skin from chicken), or it can be a more sophisticated activity (e.g., how to prepare fresh lumpia). Food demonstrations are effective because the audience can see how the food is prepared and they can sample the results. To help conduct food demonstrations, you may want to recruit volunteers from the local health department, local American Dietetic Association, Cooperative Extension Service, or local culinary schools that specialize in Filipino cuisine.

Food Demonstration: A Planner's Checklist

- Is food at your facility?
- Is water accessible?
- Is electricity available?
- Is lighting adequate?
- Are tables and chairs available?
- Is your facility properly equipped (e.g., refrigerator, oven, stove, microwave)?
- Does your recipe compliment your heart health message?
- Is your recipe too difficult for your audience or too time-consuming?
- Do you have the cooking utensils and ingredients ready and within reach?
- Do you have incentives (e.g. recipes on note cards, heart healthy cookbooks)?
- Do you have enough napkins, plates, and eating utensils for the taste test?

Involve the participants as much as possible in the preparation and presentation stages of your demonstration by having them wash the spinach, chop the tomatoes, or dish out samples for the taste test. This helps them to learn and see that cooking heart healthy is easy to do. And don't forget about food safety! Teach the participants about hand washing, refrigeration, preventing food contamination, and other food safety tips.

Use this heart healthy recipe to show your participants how to make easy and quick flavorful dishes without a lot of calories, saturated fat, salt, and sodium.

Kain tayo! (Let's eat!)

Chicken Adobo (Adobong Manok)

Ingredients:

1	whole chicken, skin removed
4	medium white potatoes
1/2	medium yellow onion
1 2/3 tbsp	low sodium soy sauce
1/4 cup	white vinegar
2	bay leaves
8	cloves garlic, crushed
1/2 tsp	salt
1 tsp	pepper
2 tsp	vegetable oil



Directions:

- Clean chicken. Cut into serving size pieces.
- Marinate chicken in soy sauce, vinegar, three cloves garlic, and pepper for at least an hour.
- In a deep pan, add oil. Sautee remaining garlic and onions. Add chicken, and simmer for 20 minutes or until chicken is tender.
- Add marinade mixture, potatoes, and bay leaves. Season with salt, and cook for another 10–15 minutes until potatoes are well done.
- Serve hot.

Yield: 7 servings

Serving size: 1 cup

Nutritional information per serving:

Calories:	232
Total fat:	7 g
Saturated fat:	2 g
Carbohydrate:	21 g
Protein:	22 g
Cholesterol:	62 mg
Fiber:	2 g
Calcium:	28 mg
Sodium:	361 mg

Original recipe from *Alay SaPamilya: Lutuing Masustansya A Cookbook for a Healthy Filipino*. Asian Health Services, 1992.

Filipinos Take It to Heart!

Raising Awareness of Heart Disease in Filipino Communities

This presentation is sponsored by the National Heart, Lung, and Blood Institute
in partnership with [add your organization here].

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



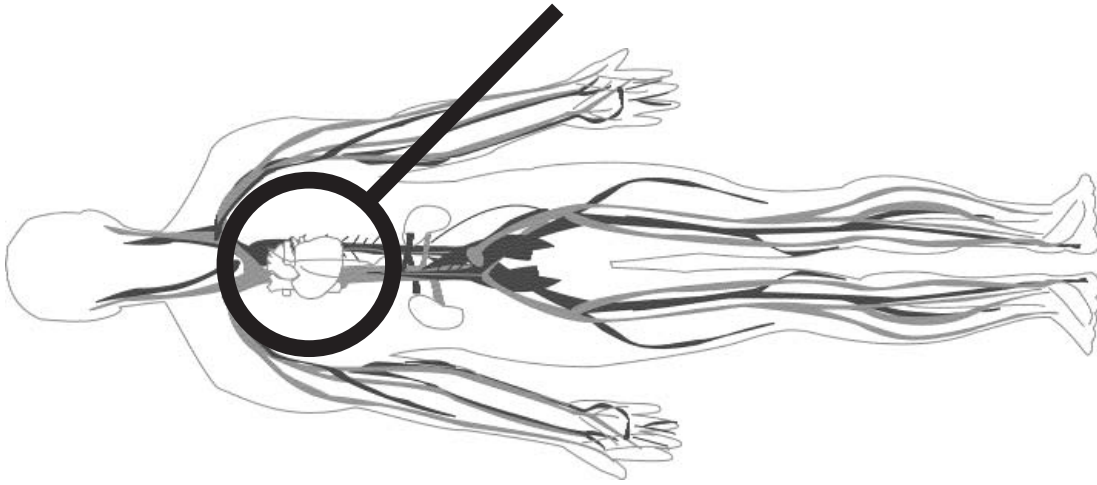
Purpose

- **Increase awareness that heart disease is the #1 killer of Filipinos.**
- **Increase awareness that having heart disease risk factors can lead to disability and death.**
- **Encourage Filipinos to take action to lower their risk of heart disease.**

The Wonderful Heart

This is the human body.

The heart is located in the center of the body.



The Healthy Heart: Function and Structure

- The heart is a muscular organ the size of your fist.
- The heart functions like a water pump.
- The heart pumps 5 liters of blood per minute to all parts of your body and beats about 100,000 times a day.

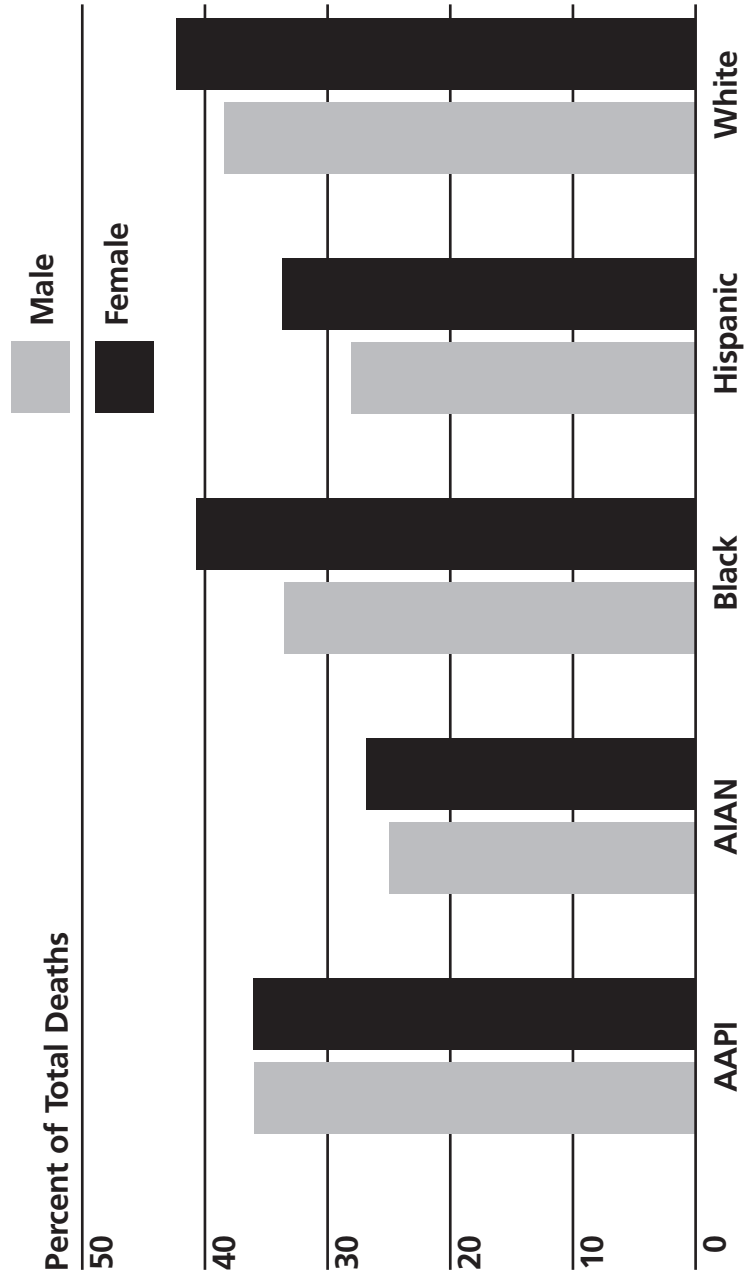
The Sick Heart



The heart is more than a blood pumping machine. It is what gives you life—the power to breathe, to be active, and to love others. If it is ignored or not cared for, your heart will be hurt. Heart disease is one of the ways that your heart can be hurt.

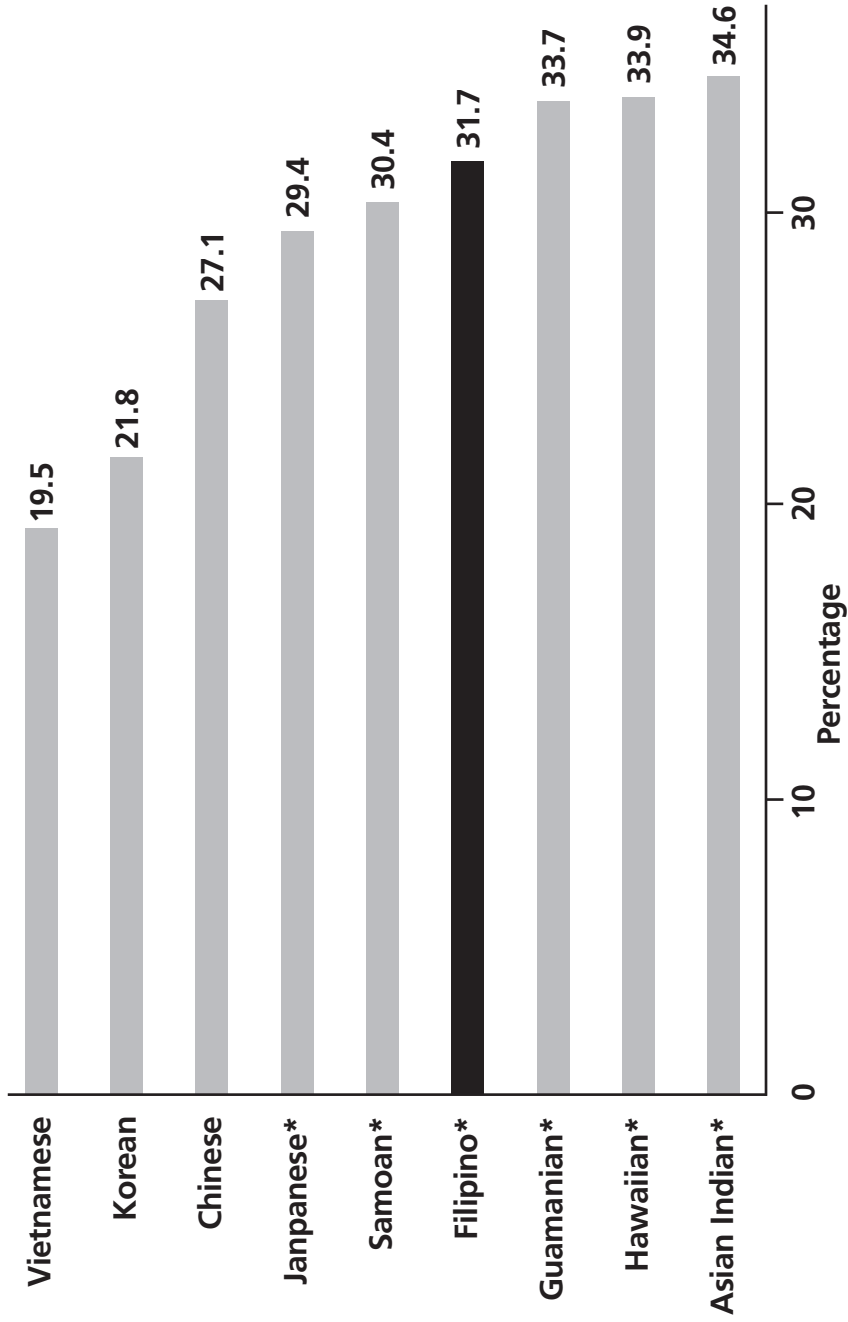
What do you know about heart disease?

Heart Disease and Stroke as Percentage of All Deaths by Race/Ethnicity and Gender



Source: AHA, 2002.

Heart Disease as Percentage of All AAPI Deaths[‡]



Source: National Vital Statistics System, CDC, NCHS, 1994.

*Heart disease is the leading cause of death.

‡Latest yearly data on AAPI populations and deaths attributed to heart disease.

What Is a Risk Factor?

Risk factor:

Trait or habit that makes a person more likely to develop heart disease. The more risk factors a person has, the greater is the person's chance for developing heart disease.

Risk Factors for Heart Disease



1. The ones that you can't change.

- Age
- Gender
- Heredity

2. The ones that you can change. Nguni't ito'y inyong magagawa! (You can do it!)

- High blood pressure
- High blood cholesterol
- Smoking
- Physical inactivity
- Overweight and obesity
- Diabetes

Risk Factor 1: High Blood Pressure

WHAT IS HIGH BLOOD PRESSURE?

- Is the silent killer.
- Usually has no signs or symptoms.
- Makes the heart work harder.

WHAT DO YOUR BLOOD PRESSURE NUMBERS MEAN?

Blood pressure is always given as two numbers, systolic and diastolic. For example, 120 over 80 is written like this: 120/80 mmHg. The top number (120), systolic, tells you the pressure of the blood when the heart is beating. The bottom number (80), diastolic, is the pressure when the heart is at rest.

**Less than
120/80
is normal.**

**120/80 to
139/89 is
prehypertension.**

**140/90 or more
is high blood
pressure.**

High Blood Pressure

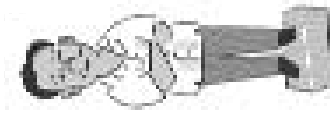
More Filipinos have high blood pressure than any other AAPI subgroup.

**Nguni't ito'y inyong magagawa! (You can do it!)
KEEP YOUR BLOOD PRESSURE LOW.**

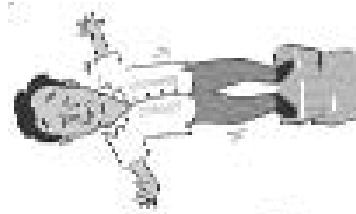
- Use less salt and sodium.
- Eat more fruits, vegetables, and lowfat dairy products.
- Aim for a healthy weight.
- Be physically active on most days.
- Check your blood pressure at least every 2 years, or more often if you have prehypertension or high blood pressure.
- Do not smoke.
- Cut back on alcohol.
- If you have high blood pressure, take your blood pressure medicine in the way that your doctor tells you.

Risk Factor 2: High Blood Cholesterol

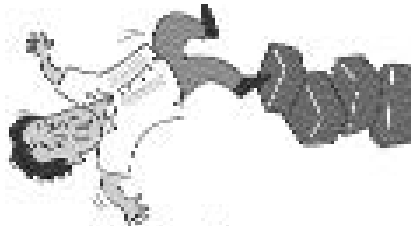
HIGH BLOOD CHOLESTEROL is like rust in a pipe.
WHAT DOES YOUR BLOOD CHOLESTEROL MEAN?



Desirable
200 or less



Borderline-high
200 to 239



High
240 or more

High Blood Cholesterol

More than one in four Filipinos have high blood cholesterol.

**Nguni't ito'y inyong magagawa! (You can do it!)
KEEP YOUR BLOOD CHOLESTEROL LOW.**

- **Get your blood cholesterol level checked.**
- **Eat fewer foods high in saturated fat and cholesterol.**
- **Stay physically active.**
- **Aim for a healthy weight.**
- **Learn what your number means.**



Risk Factor 3: Smoking

Filipinos are more likely to smoke than any other AAPI subgroup.

WHAT ARE THE CONSEQUENCES OF SMOKING?

- Smoke from cigarettes can hurt the lungs and hearts of smokers and the people around them.
- Smoking can raise blood pressure.
- Smoking can increase one's chance of a heart attack.

**Nguni't ito'y inyong magagawa! (You can do it!)
QUIT SMOKING TODAY.**

- Set a goal for yourself.
- Talk to someone who has quit smoking.
- Keep yourself and your hands busy.
- Get support and encouragement.



Risk Factor 4: Physical Inactivity

AAPIs are less physically active than other populations. The Hawaii Department of Health found that more than 76 percent of Filipinos in Hawaii lead a sedentary lifestyle.

WHAT IS PHYSICAL INACTIVITY?

- Can double your chances of heart disease and can take away years from your life.
- Increases your risk of high blood pressure, high blood cholesterol, and diabetes.
- Can lead to overweight or obesity.

**Nguni't ito'y inyong magagawa! (You can do it!)
STAY ACTIVE.**

- Be active at least 30 minutes on most days.
- Make physical activity a group effort.
- Take the stairs instead of the elevator.
- Play actively with your children or grandchildren.

Risk Factor 5: Overweight and Obesity

California has more overweight Filipinos than any other AAPI subgroup.

WHAT IS OVERWEIGHT AND OBESITY?

- Occurs when extra fat is stored in your body.
- Increases your risk of developing high blood pressure, high blood cholesterol, and diabetes.
- Can be caused by physical inactivity.

WHAT DOES YOUR BMI MEAN?

- Less than 25 means you are at a healthy weight.
- 25 to 29.9 means you are overweight.
- 30 or more means you are obese.

Risk Factor 5: Overweight and Obesity

California has more overweight Filipinos than any other AAPI subgroup.

**Nguni't ito'y inyong magagawa! (You can do it!)
WATCH YOUR WEIGHT.**

- Choose foods low in fat and calories.
- Bake, broil, boil, steam, or roast meat, poultry, and fish.
- Be aware of your food portions. Eat a reasonable portion of food at one time.
- Aim for a healthy weight.

Risk Factor 6: Diabetes

Nearly one out of five adult AAPIs who has diabetes is Filipino.

WHAT IS DIABETES?

- Your body cannot use the food that you eat for energy.
- Diabetes is serious; you may not know that you have it.

WHAT DOES IT MEAN?

- Diabetes can lead to heart attacks, blindness, amputations, and kidney disease.

**Nguni't ito'y inyong magagawa! (You can do it!)
PROTECT YOURSELF AGAINST DIABETES.**

- Find out if you have diabetes.
- Have your blood sugar level checked regularly.

Heart Attack

WHAT IS A HEART ATTACK?

- A heart attack occurs when the blood supply going to a portion of the heart through one of the coronary arteries is blocked.
- When a heart attack occurs, quick action and medical treatment can restore the blood flow to the heart and keep the heart muscle from dying. But this can happen **only** if the person receives medical help right away.

IMPORTANCE OF RAPID TREATMENT FOR A HEART ATTACK

- Medications and procedures can open up the heart's artery while a heart attack is happening and restore blood flow.
- Treatment should be given as soon as possible, ideally within 1 hour after symptoms start.
- The more heart muscle that is saved, the better chance a heart attack patient has of surviving and resuming a normal life.

Heart Attack

**Nguni't ito'y inyong magagawa!
(You can do it!)**

KNOW THE HEART ATTACK WARNING SIGNS.

- Your chest hurts or feels squeezed.
- Discomfort in one or both arms, back, neck, jaw, or stomach.
- Shortness of breath.
- Breaking out in a cold sweat.
- Nausea.
- Light-headedness.



Call 9-1-1

A stylized, thick-lined icon of a telephone handset, oriented vertically with the receiver at the top and the base at the bottom.

SLIDE 21

**Why Filipinos Are
At Risk:**

**The Heart Health
Myths and Truths**



Heart Health Myth 1

MYTH: I do not need to exercise because when I sweat, I lose weight.

TRUTH: You do not lose a lot of weight by sweating: you lose water. Physical activity will help to burn extra calories and fat, keep your muscles and bones strong, and keep your heart working at its best.

Heart Health Myth 2

MYTH: Working to earn money for my family is more important than eating nutritious foods or making time to be physically active.

TRUTH: Working is **JUST AS** important as eating nutritious foods and being physically active. If you spend a lot of time at work, try to fit in some physical activity during your workday. Walk during your break time, or take the stairs instead of the elevator.

Heart Health Myth 3

MYTH: Heart disease is hereditary, so there is nothing that I can do to avoid it.

TRUTH: Heart disease can be hereditary, but you can also take steps to lower your risk of developing heart disease or to keep it under control.

Heart Health Myth 4

MYTH: My family and I are overweight and obese. Being fat is good because it is visual evidence that we have good economic status.

TRUTH: Being overweight or obese is not good for your heart. It can increase your chance of developing high blood pressure, high blood cholesterol, and diabetes. It is best to keep at a healthy weight by being active at least 30 minutes a day. If you need to lose weight, you must choose foods with fewer calories or become more physically active. It is best to do both.

Heart Health Myth 5

MYTH: Smoking makes me look cool and sophisticated. I smoke because it is a normal and natural process of growing up.

TRUTH: Smoking does not make you look cool and sophisticated. Smoking is addictive. It can harm your heart and lungs. It can raise your blood pressure and blood cholesterol and those of others around the smoker. If you smoke, stop smoking today. If you can't quit the first time, keep trying. Get support from family members and friends. Find support groups or smoking cessation classes in your local community.

What's Stopping You?

Barriers to Making Heart Healthy Lifestyle Changes:

1. Insufficient knowledge
2. Stress
3. Lack of time
4. Fatigue
5. Financial reasons
6. Transportation
7. Lack of variety and motivation
8. Personal preference
9. Social support
10. Environment

What's Stopping You?

Motivations to Making Heart Healthy Lifestyle Changes:

1. Knowing someone who has heart disease or has died from heart disease
2. Concern for one's overall health
3. Support from one's family members, friends, and community
4. Losing weight
5. Being physically and mentally stronger and feeling energetic
6. Living longer and better

Take It to Heart!

1. Be an advocate.
2. Connect with your community.
3. Take it personally.

PRESENTATION SCRIPT

Slide 1

Say:

Filipinos Take It to Heart is an interactive program that allows us to talk about matters of the heart.

Slide 2

Say:

By the end of this program, you will have learned:

- that heart disease is the #1 killer of Filipinos
- that having heart disease risk factors can lead to disability and death, and
- how to take action to lower your risk for heart disease.

Let's begin with the wonderful heart.

Slide 3

Say:

This is the human body. The heart is located in the center of the body.

What comes to mind when you think of the heart?

What do you feel?

Slide 4

Say:

Let's take a look at how the heart works. The heart is a muscular organ the size of your fist. [Make a fist, and hold it to your chest to show the participants the size and location of the heart relative to the body. Ask all the participants to do the same.]

The heart functions like a water pump.

The heart pumps 5 liters of blood per minute to all parts of your body and beats about 100,000 times a day.

Slide 5

Say:

But the heart is more than a pumping machine. It is what gives you life—the power to breathe, to be active, and to love others. If it is ignored or not cared for, your heart will be hurt and will become sick. Heart disease is one of the ways that your heart can be hurt.

What do you know about heart disease?

How would you define heart disease?

Slide 6

Say:

Let's look at how heart disease and stroke have impacted this country. In this graph, we see that heart disease and stroke are responsible for 36.2 percent of deaths in men and 36.3 percent of deaths in women across all Asian American and Pacific Islander populations. There is a very small gap in the percentage of deaths between Asian American and Pacific Islander men and women. A higher proportion of Asian American and Pacific Islanders die from heart disease and stroke than American Indian and Alaskan Natives or Hispanics.

Slide 7

Say:

In the previous graph, we saw that approximately 36 percent of all Asian American and Pacific Islanders die from heart disease and stroke. Filipinos are just one AAPI population. This graph shows that 31.7 percent of all Filipino deaths are due to heart disease. [Point to the asterisk next to the word "Filipino" on the graph.] This star indicates that heart disease is the #1 cause of death for Filipinos.

Now, I would like to ask all the people with a broken heart [hold up an example] to stand. If all of you represent every Filipino in this country, all the people standing would die of heart disease.

The people with the broken heart: how does this make you feel?

The people who are sitting: how does this make you feel?

Slide 8

Say:

Now, let's take a closer look at heart disease. Heart disease is caused by risk factors. A risk factor is a trait or habit that makes a person more likely to develop heart disease. The more risk factors a person has, the greater is the person's chance for developing heart disease.

Slide 9

Say:

There are two types of risk factors.

The ones that you cannot change are age, gender, and heredity.

Today, I want to concentrate on the risk factors that you can change. They are high blood pressure, high blood cholesterol, smoking, physical inactivity, overweight and obesity, and diabetes.

Let's look at the first risk factor that you can change.

Slide 10

Say:

High blood pressure is known as the silent killer because it has no signs or symptoms. High blood pressure occurs when the pressure of blood in the blood vessels stays high over a period of time making the heart work harder.

When you get your blood pressure checked, the health care professional who takes your blood pressure will give you a reading in the form of numbers. That person may say, "Your blood pressure is 120 over 80." Blood pressure is always given as two numbers, systolic and diastolic. The top number (120), systolic, is the pressure of the blood when the heart is beating. The bottom number (80), diastolic, is the pressure of the blood when the heart is at rest. Blood pressure is measured in millimeters of mercury (mmHg).

If your blood pressure number is less than 120 over 80, that is normal. Good for you! Keep it up. If your blood pressure number is 120 over 80 to 139 over 89, then you have prehypertension. Your blood pressure could be a problem. Act now to change what you eat and drink, be more physically active and lose extra weight. If your blood pressure number is 140 over 90 or more, you have high blood pressure. Talk to a doctor to learn how you can lower your blood pressure.

Slide 11

Say:

We should all try to keep our blood pressure low because more Filipinos have high blood pressure than any other AAPI subgroup. Here’s what you can do to keep your blood pressure low:

- Use less salt and sodium.
- Eat more fruits, vegetables, and lowfat dairy products.
- Aim for a healthy weight.
- Be active everyday.
- Check your blood pressure at least once a year. Check it more often if you have high blood pressure.
- Do not smoke.
- Cut back on alcohol.
- If you have high blood pressure, take your blood pressure medicine in the way that your doctor tells you.

Slide 12

Say:

The next risk factor that you can change is high blood cholesterol. Cholesterol in your arteries is like rust in a pipe. Too much cholesterol in the blood clogs the arteries, which can lead to heart disease.

Let’s look at the picture to see if you have a desirable blood cholesterol level.

This picture shows the danger level associated with total cholesterol levels. Blood cholesterol levels are measured in milligrams (mg) of cholesterol per deciliter (dL) of blood.

If your total blood cholesterol level is 200 mg/dL or less, that is best. Stay active and eat foods low in saturated fat and cholesterol.

If your total blood cholesterol level is 200–239 mg/dL, your level is borderline to high. Be alert! You are at risk for a heart attack. You need to be more active and make changes to the foods you eat. Eat fewer foods high in saturated fat and cholesterol.

If your total blood cholesterol level is 240 mg/dL or more, your level is high. Danger! You have a higher risk for a heart attack. Take steps to lower your blood cholesterol if it is high. Talk to your doctor to learn about the ways you can lower your cholesterol.

[Pass out the wallet card on page 26.] **Tell** the participants to record their blood pressure and blood cholesterol reading each time they go for a checkup.]

Slide 13

Say:

We should all try to keep our blood cholesterol low because more than one in four Filipinos has high blood cholesterol.

To keep your blood cholesterol low, try to:

- Get your blood cholesterol level checked every 5 years if you are age 20 or older. Check it more often if your blood cholesterol level is high.
- Eat fewer foods high in saturated fat and cholesterol.
- Eat more fruits, vegetables, and grains.
- Stay physically active.
- Aim for a healthy weight.
- Learn what your numbers mean.

Slide 14

Say:

The next risk factor is smoking. In the Filipino culture, smoking is seen as socially acceptable because people think it makes them look powerful and attractive. The reality is that smokers put their health and their family’s health at risk by hurting their lungs and hearts. Smoking can also raise blood pressure and increase one’s chance of a heart attack. Studies have shown that Filipinos are more likely to smoke than any other AAPI subgroup. If you are a smoker or if you want to help someone who smokes, here are some ways to quit smoking:

- Set a goal. Say, “I will quit smoking today, my birthday.” You may choose another event to quit smoking as long as it is meaningful to you.
- Talk to someone who has quit smoking. Knowing what that person went through may help you anticipate obstacles.

- Keep your hands busy. Find an activity that you enjoy doing, like gardening, dancing, or cooking, to take your mind and hands off cigarettes.
- Get support and encouragement. Join a quit smoking program, ask your doctor for advice, or find a friend to quit with you.

Slide 15

Say:

Another risk factor is physical inactivity. Being physically inactive can double your chances of heart disease and can take years away from your life. It can increase your risk of high blood pressure, high blood cholesterol, and diabetes, and it may lead to overweight or obesity. It has been found that Asian Americans and Pacific Islanders are less physically active than all other minority populations in the United States. The Hawaii Department of Health found that 76 percent of Filipinos in Hawaii lead a sedentary lifestyle.

To get your heart in top shape, it is recommended that you be physically active for at least 30 minutes a day. To do this, you can:

- Do 30 minutes all at once or break up the 30 minutes into 10-minute increments.
- Make it a group effort. Ask a friend to walk with you—challenge your family and friends to better health.
- Take the stairs instead of the elevator.
- Play actively with your children or grandchildren.

Slide 16

Say:

If you are not physically active, over time you may become overweight or obese. Overweight occurs when extra fat is stored in your body. Being overweight increases your risk of developing high blood pressure, high blood cholesterol, and diabetes.

To know if you are overweight or obese, calculate your body mass index, or BMI. [Pass out the BMI chart on page 27, and review what BMI means. Read the directions aloud for the participants to follow along and find their BMI. Ask the participants to record their BMI.]

Slide 17

Say:

A study found that there are more overweight Filipinos in California than any other AAPI subgroup. To prevent overweight and obesity:

- Choose foods low in fat and calories.
 - Fruits
 - Vegetables without fish paste
 - Skinless chicken and lean cuts of meat
- Bake, broil, boil, steam, or roast meat, poultry, and fish.
- Be aware of your food portions. Eat a reasonable portion of food at one time.
- Aim for a healthy weight.
 - Keep a healthy weight. Try not to gain extra weight.
 - If you are overweight, try to lose weight slowly. Lose 1/2 to 1 pound a week.

How many of you are physically active?
What kind of activities do you like to do?

Slide 18

Say:

The last risk factor you can change is diabetes. Diabetes, or high blood sugar, is serious. When your blood sugar is high, your body cannot use the food that you eat for energy. Diabetes can lead to heart attacks, blindness, kidney disease, and amputations. Nearly one out of five adult AAPIs who has diabetes is Filipino.

Protect yourself against diabetes. Find out if you have diabetes, and have your blood sugar level checked regularly.

Slide 19

Say:

Do you know of someone who has had a heart attack, or have you experienced one yourself?

Every year, about 1.1 million people in the United States have a heart attack and close to half of them die. But there are things people can do to help survive a heart attack. I will explain what a heart attack is and how to recognize the warning signs of a heart attack.

A heart attack occurs when the blood supply going to a portion of the heart through one of the coronary arteries is blocked. When a heart attack occurs, quick action and medical treatment can restore the blood flow to the heart and keep heart muscle from dying. But, this can happen **only** if the person receives medical help right away.

Treatments for a heart attack have improved over the years. Twenty years ago, not much could be done to stop a heart attack. Today, there are medications and procedures that can open up the heart’s artery while a heart attack is happening and restore blood flow. Treatment should be given as soon as possible, ideally within 1 hour after symptoms start. The more heart muscle is saved, the better chance a heart attack patient has of surviving and resuming a normal life.

Slide 20

Say:

It is important to know how to recognize a heart attack for yourself and others around you. Delay can be deadly. Know the warning signs most commonly reported by heart attack patients. They are:

- Your chest hurts or feels squeezed. Most heart attacks involve some type of discomfort in the center of the chest that lasts more than a few minutes. It can feel like uncomfortable pressure, squeezing, fullness, or pain. The discomfort can range from mild to severe.
- Discomfort in one or both arms, back, neck, jaw, or stomach.
- Shortness of breath. You may feel like you can’t breathe or catch your breath.
- Breaking out in a cold sweat. People having a heart attack can also break out in a cold sweat.
- Nausea. Some heart attack patients feel or get sick to their stomach.
- Light-headedness. People having a heart attack may also feel light-headed.

You do not need to have all of the symptoms at once to be having a heart attack.

Slide 21

Ask:

If you think a heart attack is happening, what do you think is the most important thing to remember?

Say:

If you, or someone you are with, are having heart attack signs, the most important thing to remember is this—**call 9-1-1 within 5 minutes or less**. A heart attack can happen anywhere—at home, work, school, or while you are shopping. Don’t be afraid to call 9-1-1 to get help right away.

Slide 22

Say:

In the six previous slides, you saw statistics on how certain risk factors for heart disease affect Filipinos. And we saw how heart disease itself kills one in three Filipinos. Why are we at such a high risk for heart disease? Perhaps it’s because we don’t know enough about it, or we don’t have the correct information.

I’d like to show you the following heart health myths to illustrate this point. Here’s what some community members are saying about living heart healthy.

Slide 23

Say:

“I do not need to exercise because when I sweat, I lose weight.”

The truth is you do not lose a lot of weight by sweating: you lose water. Physical activity will help burn extra calories and fat, keep your muscles and bones strong, and keep your heart working at its best.

Slide 24

Say:

“Working to earn money for my family is more important than eating nutritious foods or making time to be physically active.”

The truth is working is just as important as eating nutritious foods and being physically active. If you spend a lot of time at work, try to fit in some physical activity during your workday. Walk during your break time, or take the stairs instead of the elevator.

Slide 25

Say:

“Heart disease is hereditary, so there is nothing that I can do to avoid it.”

The truth is heart disease can be hereditary. Having a family history of heart disease is something that you cannot change. But you can take steps to lower your risk of developing heart disease or to keep it under control.

Slide 26

Say:

“My family and I are overweight and obese. Being fat is good because it is visual evidence that we have good economic status.”

In the Filipino culture, there is a belief in *malusog* (good healthy weight), so we eat more. Overeating can lead to overweight or obesity. The truth is being overweight or obese is not good for your heart. It can increase your chance of developing high blood pressure, high blood cholesterol, and diabetes. It is best to keep at a healthy weight by being active at least 30 minutes a day. If you need to lose weight, you must choose foods with fewer calories or become more physically active. It is best to do both.

Slide 27

Say:

“Smoking makes me look cool and sophisticated. I smoke because it is a normal and natural process of growing up.”

The truth is smoking does not make people look cool and sophisticated. Smoking is addictive. It can harm your heart and lungs. It can raise your blood pressure and blood cholesterol and those of others around the smoker. If you smoke, stop smoking today. If you can’t quit the first time, keep trying. Get support from family members and friends. Find support groups or smoking cessation classes in your local community.

Slide 28

Say:

Now that you know how you can develop heart disease and the ways you can prevent or control it, what’s stopping you from living a more heart healthy life? Here are the top reasons why Filipinos do not live heart healthy lives: insufficient knowledge, stress, lack of time, fatigue, financial reasons, transportation, lack of variety and motivation, personal preference, no social support, and the environment.

Can you think of others that you have encountered? What are some things that you would do to overcome these barriers?

Slide 29

Say:

Filipinos who are already living a heart healthy life found motivation in the following:

- Knowing someone who has heart disease or has died from heart disease
- Being concerned for one's overall health
- Receiving support from one's family members, friends, and community
- Losing weight
- Being physically and mentally stronger and feeling energetic
- Living longer and better

Are any of you already living heart healthy?
Tell us how you were motivated to do so.

Slide 30

Say:

I would like to end this presentation by asking each of you to:

- Be an advocate. Encourage others to become more involved in their own heart health.
- Connect with your community. Share the *Filipinos Take It to Heart* message with your family, neighborhood, civic association, or church.
- Take it personally. Remember Filipinos, take it to heart for yourself and for the people you love. Remember the heart health message because heart disease is the #1 killer of Filipinos.

ADDITIONAL RESOURCES

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

NHLBI Health Information Center
P.O. Box 30105
Bethesda, MD 20824-0105
Phone: (301) 592-8573
TTY: (240) 629-3255
Fax: (301) 592-8563
Web site: <http://www.nhlbi.nih.gov>

To learn more about Filipinos and heart disease, look for the following publications on the NHLBI Web site: <http://www.nhlbi.nih.gov>.

- Filipinos Aspire for Healthy Hearts: Keep Your Heart In Check—Know Your Blood Pressure Number (Pub. No. 04-5077)
- Filipinos Aspire for Healthy Hearts: Be Active for a Healthy Heart (Pub. No. 04-5078)
- Filipinos Aspire for Healthy Hearts: Serve Up a Healthy Life—Give the Gift of Good Nutrition (Pub. No. 04-5079)
- Filipinos Aspire for Healthy Hearts: Don't Burn Your Life Away—Be Good to Your Heart (Pub. No. 04-5080)
- Cardiovascular Risk in the Filipino Community: Formative Research from Daly City and San Francisco, California
- Addressing Cardiovascular Health in Asian Americans and Pacific Islanders: A Background Report (Pub. No. 00-3647)
- Asian American and Pacific Islander Workshops Summary Report on Cardiovascular Health (Pub. No. 01-3793)

For information on the impact of heart disease on other AAPI populations, please check the NHLBI Web site.

DISCRIMINATION PROHIBITED: *Under provisions of applicable public laws enacted by Congress since 1964, no person in the United States shall, on the grounds of race, color, national origin, handicap, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity (or, on the basis of sex, with respect to any education program or activity) receiving Federal financial assistance. In addition, Executive Order 11141 prohibits discrimination on the basis of age by contractors and subcontractors in the performance of Federal contracts, and Executive Order 11246 states that no federally funded contractor may discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. Therefore, the National Heart, Lung, and Blood Institute must be operated in compliance with these laws and Executive Orders.*



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
National Heart, Lung, and Blood Institute
Administrative Use Only
March 2004