

Cardiovascular Risk in the Filipino Community

**Formative Research from Daly City
and San Francisco, California**



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



A collaborative report from the National Heart, Lung, and Blood Institute,
the Asian & Pacific Islander American Health Forum,
and West Bay Pilipino Multi-Services, Inc.

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We would especially like to thank the members of the Filipino community in Daly City and San Francisco, California, who generously gave their time, effort, and invaluable insight for this report.

I. Forward

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

With this report on the Filipino community, we are gaining a greater understanding of the AAPI subgroups that have been largely overlooked. In fact, Filipinos are rarely studied even though they represent the third largest Asian 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. Cardiovascular disease and stroke cause more than half of Filipino deaths.

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

Claude Lenfant, M.D.



*Director
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II. Executive Summary

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

The National Heart, Lung, and Blood Institute (NHLBI) worked in partnership with the Asian & Pacific Islander American Health Forum (Health Forum) to conduct an assessment of the cardiovascular health status of AAPIs nationwide. The first AAPI populations studied were the Filipino communities in Daly City and San Francisco, California. These particular communities were chosen for their strong family and community support. Other populations to be studied include Vietnamese, Cambodians, and Native Hawaiians.

This report focuses on the Filipino population. Three formative research methods were used to study the Filipino communities: (1) focus groups with staff and volunteers from a local community service agency, (2) key informant interviews with community leaders, and (3) indepth interviews with community residents conducted by trained bilingual (English and Tagalog) facilitators. This report provides insights into the Filipino community, its perceptions and knowledge of heart disease, and motivations to making lifestyle changes.

Results from this study indicate that Filipinos in the United States are concerned about their overall health. There is highly consistent and convergent evidence that this population is at high risk of developing cardiovascular disease. Filipinos, particularly new immigrants, are susceptible to stress from work and family issues. Some of their coping strategies include unhealthy eating and smoking. Outreach and education interventions for this population must address dietary habits, blood pressure and blood cholesterol control, tobacco use, physical activity, stress, and socioeconomic concerns.

III. Introduction

Since 1972, NHLBI has translated and disseminated information to the public to promote public health and prevent and control heart, lung, and blood diseases and sleep disorders. To date, the NHLBI has supported national cardiovascular initiatives for the African American, American Indian/Alaskan Native, and Latino populations. This is its first national effort in support of a National AAPI Cardiovascular Initiative. The NHLBI's main objective is to collaborate with AAPI community-based organizers, key informants, and community members to conduct cardiovascular health needs assessments in specific ethnic communities.

In August 2000, NHLBI funded the Asian & Pacific Islander Health Forum (Health Forum) to conceptualize and implement a formative research project to gain a greater understanding of the attitudes toward and knowledge of health practices related to cardiovascular disease (CVD) among selected AAPI communities. This report highlights the main findings from the Filipino community.

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

IV. Methodology

A. Community-Based Partner

In order to formulate culturally appropriate health messages and tools for specific populations, community-based organizations (CBOs) were chosen to conduct cardiovascular health needs assessments in AAPI communities. For the Filipino needs assessment study, the Health Forum partnered with West Bay Pilipino Multi-Services, Inc. (West Bay), because of its reputation as an advocate and a resource for the Filipino community. West Bay agreed to interview community members and leaders in both Daly City and San Francisco. West Bay is a consolidation of six established community service agencies (youth, employment, legal aid, etc.) that provide services in a variety of languages and Filipino dialects.

B. Data Collection

The data were collected through three methods:

1. Focus group

The focus group participants consisted of nine staff members and volunteers from West Bay. The focus group was conducted in English; however, some participants chose to speak in Tagalog. The focus group was tape recorded, transcribed, and translated.

2. Key informant interviews

Four members of nonprofit organizations and the Catholic Church were invited to participate in individual interviews as leaders of their communities. Two of the interviews were conducted in English and two were in Tagalog. Participants had to have held a formal or informal position of leadership in the Filipino community to be a key informant.

3. Community indepth interviews

Twenty-six community residents who use West Bay services were chosen to participate in an indepth interview about their susceptibility to CVD. Five interviews were conducted in Tagalog and 21 were in English.

C. Interviewer Training

Interviewers were trained during one 4-hour session at West Bay. The training took place immediately following the focus group with the staff and the volunteers. This enabled interviewers to become familiar with the scope of the project as well as some of the specific questions they would be asking community members. See Appendix A for detailed training materials.

D. Translation of Research Instruments

Step 1: The research instruments were first developed in English.

Step 2: Two bilingual and bicultural Filipinos, who were well versed in Tagalog and other Filipino dialects, were asked to do two translations of the instruments.

Step 3: The primary investigator, coordinator, and translators met to revise the instruments.

Step 4: West Bay staff reviewed the instruments to ensure cultural and linguistic appropriateness.

Step 5: Upon completion of the interviews, the interviewers made recommendations for future data collection.

See Appendix B for the English instruments and Appendix C for the Tagalog instruments.*

E. Data Feedback

After preliminary results were identified, the coordinator and the bicultural/bilingual research assistant met with the interviewers. The purpose was to check if the findings resonated with their experiences working with people in the community. The interviewers were also asked to elaborate on and clarify some of the data.

* The research instruments were developed explicitly for this assessment by the Health Forum, in conjunction with West Bay and several members of the Filipino community in San Francisco. West Bay staff made changes to the Tagalog translation just before and during the interviews with community residents. Before using the Tagalog instruments, please review and revise them to meet your needs.

V. Demographics

Study participants varied greatly by age, gender, occupation, socioeconomic status, and health care coverage. The following tables and figures describe the community residents. Of all participants, 17 were males and 22 were females; the overall age range was 20 – 79 years (table 1).

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

Group	Male	Female	Age range
Focus group	4	5	23 – 45 years old
Community leaders interview	2	2	37 – 55 years old
Community residents interview	11	15	20 – 79 years old
Total	17	22	20 – 79 years old

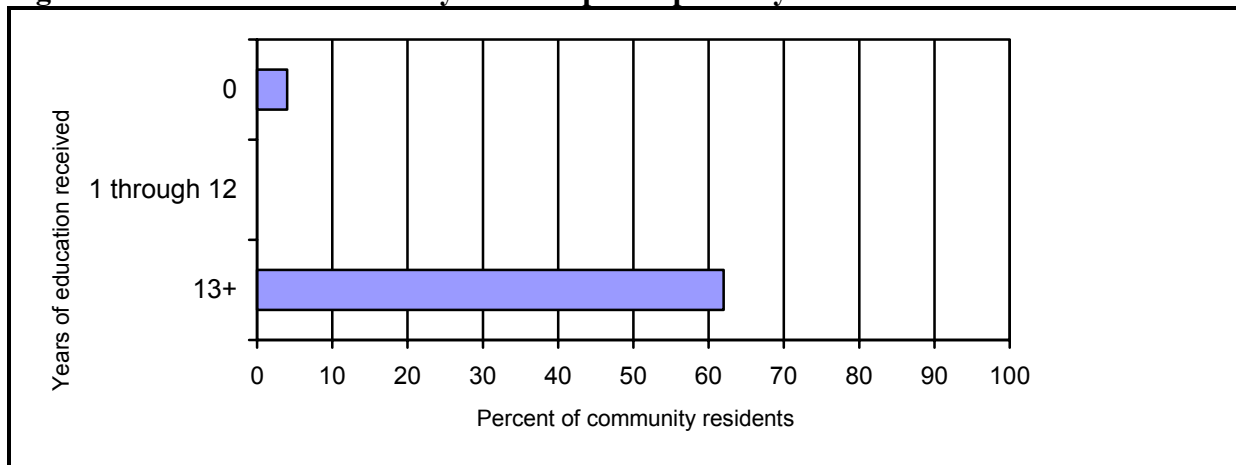
Of the 26 participants in the community resident interviews, about 58 percent were females; over 65 percent were 45 years old or younger (table 2).

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

Age: Grouped by sample distribution	Male	Female	Total (%)
20 – 29 years old	5	4	9 (34.6)
30 – 45 years old	3	5	8 (30.8)
46 – 60 years old	1	3	4 (15.4)
61+ years old	2	3	5 (19.2)
Total	11 (42.3)	15 (57.7)	26 (100.0)

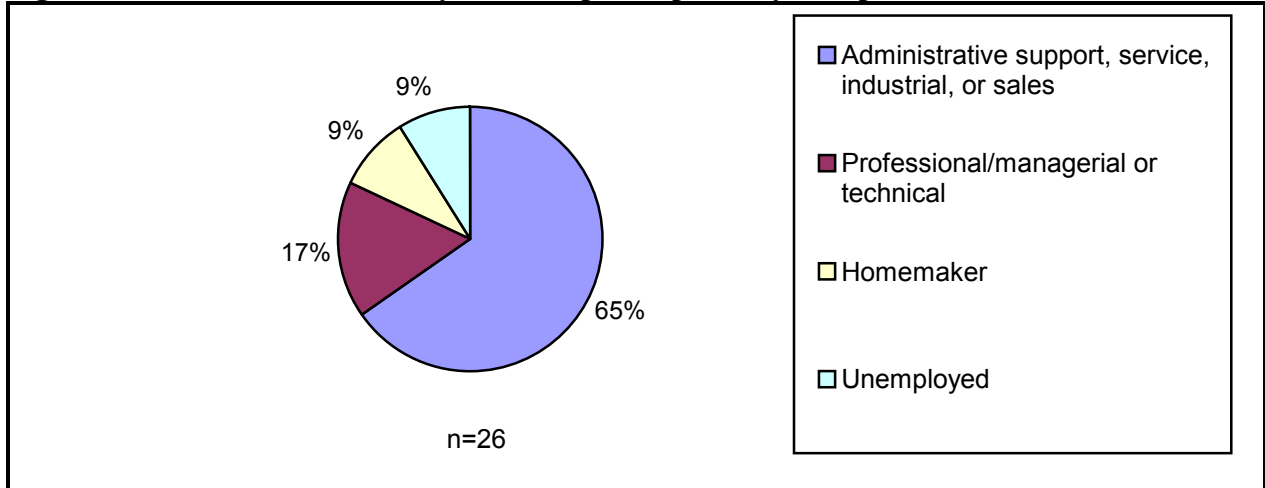
Of the 26 community residents, 62 percent received 13 or more years of education, and 4 percent did not receive an education (figure 1). Not shown in figure 1 is that no gender difference was observed in the level of education. Data on household income and size were also collected, also not shown in figure 1. The range of annual household income was between \$20,001 and \$40,000. The average household size was 4.2 people. Those with higher incomes had larger household sizes, the presence of several adult workers, and people working more than one job.

Figure 1—Percent of community resident participants by educational attainment



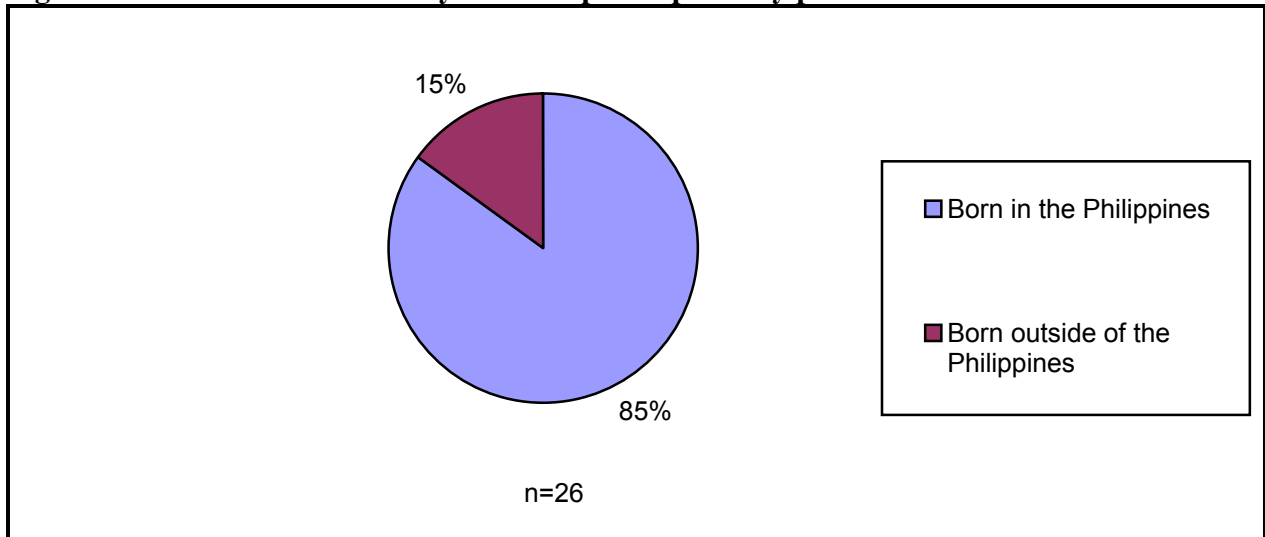
Of the 26 community residents interviewed, 91 percent were employed. Most of the residents were employed; about 65 percent worked in administrative, service, and sales positions (figure 2).

Figure 2—Percent of community resident participants by occupational status



Of the 26 community residents interviewed, 85 percent were born in the Philippines (figure 3). Not shown in this figure are the residents' native language (85 percent say that a Filipino dialect is their native language), language preference, and length of stay in the United States (ranges from 2 – 32 years).

Figure 3—Percent of community resident participants by place of birth



VI. Results

The results of the cardiovascular health needs assessment revealed several findings about the Filipino culture, beliefs, and personal health behaviors. Community leaders described their communities as middle-class families with people of all ages. The two major languages used in communication are English and Tagalog. Various Filipino dialects are also used, including Bicolano, Bisaya, Pampango, and Ilocano. A community leader stated that Filipino residents are actively involved in community activities, especially in the church because religion gives meaning to their lives. The church is also a place where people meet others who share the same cultural backgrounds and find happiness. One leader described Filipinos as “hospitable to those who involve themselves [in the community], committed, generous, and have lots of gifts and talents to share.”

A. What Does the Heart Symbolize?

When the community residents were asked about the heart and what it symbolizes for them, among the things they stated were love, life, strength, commitment, and perseverance.

B. Concept of Health

When asked about the concept of health, focus group participants said that being healthy is very important and that they know how to maintain good health. They stated that one way of staying healthy was to exercise. Community leaders agreed that good health is very important. They added that good health is achieved when there is a balance between the mental, emotional, and physical states of mind.

C. Prevention and Causes of Poor Health or Illness

Community residents were asked to discuss prevention and illness separately, but they did not see these as discrete concepts. They listed fatigue, stress, unhealthy eating, smoking, drug abuse, lack of concern for one’s health, and lack of exercise as factors related to poor health.

Community residents understood the importance of prevention and the different preventive measures they can take to ensure a healthy heart. Being open minded, listening to their body, and getting health advice from trusted family members, friends, physicians, and ministers help them to stay healthy. Key community leaders said that illness in the Filipino culture is a sign of a weak body, low resistance, and imbalance.

D. Major Health Concerns

Community leaders named heart disease, high blood pressure, and diabetes as three of the top five major health concerns in the Filipino community. The community leaders cited heredity of

heart disease and a high fat, high cholesterol, and high sodium Filipino diet as reasons cardiovascular health-related diseases are big concerns. Other health concerns included emphysema and breast cancer.

E. Filipino Lifestyle in the United States and in the Philippines

i. Nutrition

There are quite a few differences between the Filipino and American diets. First, the Filipino diet contains a lot of salt. *Patis* (fish sauce) is one of the most common ingredients in the Filipino diet. *Bagoong* (shrimp paste), anchovies and anchovy paste, and soy sauce are also popular ingredients. Despite the fact that community residents believe that eating less salt is better for their blood pressure and health in general, they are not likely to reduce their salt intake.

Second, traditional Filipino foods include ingredients from a variety of cultures. Common Chinese ingredients such as oyster sauce are regularly used. Vinegar, coconut milk, lime, tamarind, garlic, ginger, onion, and pepper are also key ingredients. The availability of ethnic Filipino ingredients is great. In fact, there is a greater affordability and variety in the local United States markets compared with those in the Philippines. This allows more frequent use of these ingredients and in greater quantities.

Third, traditional Filipino dishes such as fried fish, roasted pork, *pancit*, *lumpia*, *adobo*, and desserts rich in sugar and starch are eaten frequently. Table 3 lists traditional Filipino foods. These native dishes are more often prepared and served at gatherings, which occur frequently. One woman expressed the popularity of fried, fatty foods by declaring, “I like that crispy, crispy, crispy.”

Table 3—Traditional Filipino foods

Traditional dish	Description
Pancit	Sautéed vegetables, shredded chicken, shrimp, and rice noodles
Lumpia (fried egg rolls)	Ground beef or pork with mixed vegetables
Adobo	Onions, garlic, pork or chicken, soy sauce, and vinegar
Dinuguan (chocolate meat)	Pork blood, pork, tripe, onions, garlic, and peppers
Kare-kare	Ox tail, peanut butter, bok choy, long green beans, salt, pepper, and shrimp paste
Sinigang	Beef, salmon, milk fish, or pork ribs with fresh tamarind or tamarind mix, tomatoes, long green beans, onions, taro root, and fish sauce
Lechon	Roasted pig
Crispy pata	Deep fried pork leg
Chicharon	Pork rinds served with vinegar and chili
Fried chicken	Chicken deep fried in oil.
Fried fish	Fish deep fried in oil.

Fourth, focus group members discussed the traditional practice of “gift giving” (*pasalubung*) as a barrier to eating healthy. *Pasalubung* is customary when one person visits another, such as dinner gatherings or after returning from a trip. Community residents described the gifts as unhealthy for the body. Alcohol, roast pork, *adobo*, and *chicharon* are common gifts. It is considered rude and disrespectful if the gifts are not well received, particularly if an older person offers them.

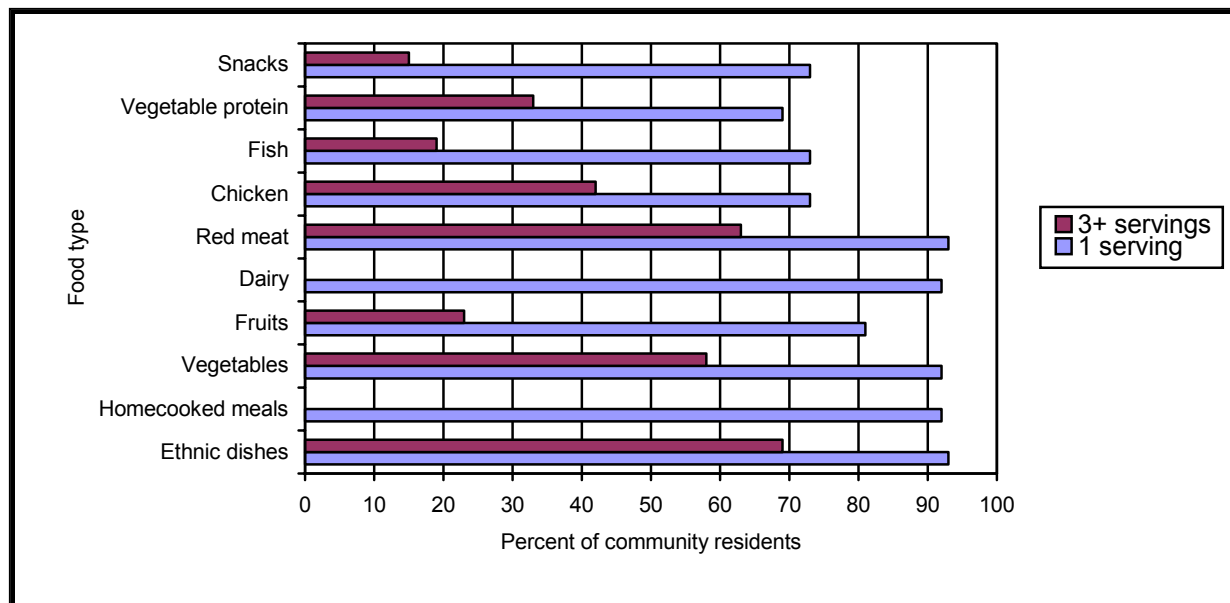
Fifth, residents also believe that immigrants seeking comfort food can also lead to poor health. Comfort food provides a sense of home and security and helps to alleviate the stressors of adapting to life in a new country.

Lastly, residents talked about the affordability of American foods, which are more expensive overseas. Many Filipinos who immigrate to America are poor. Foods that they are not able to afford in the Philippines can be bought in the United States at a reasonable price. In the United States, Filipinos frequent fast-food chains and take-out restaurants that serve high-fat, high-sodium, and high-cholesterol foods, usually reserved for wealthy people in the Philippines. Because of this practice, Filipinos in the United States consume more unhealthy foods.

The community residents described home-cooked meals as less salty, less oily, and less fatty than restaurant food. Residents tend to use a fresher and larger variety of fruits and vegetables and less meat, which gives them the option to choose healthier food alternatives.

Figure 4 shows the kinds of food community residents consumed 2 days prior to the study. Generally, the community residents eat a healthy diet with lots of fruits and vegetables. However, there were just as many residents who consume foods high in fat and cholesterol, such as red meat and snacks (figure 4).

Figure 4—Percent of community resident participants by type of food reported and number of servings

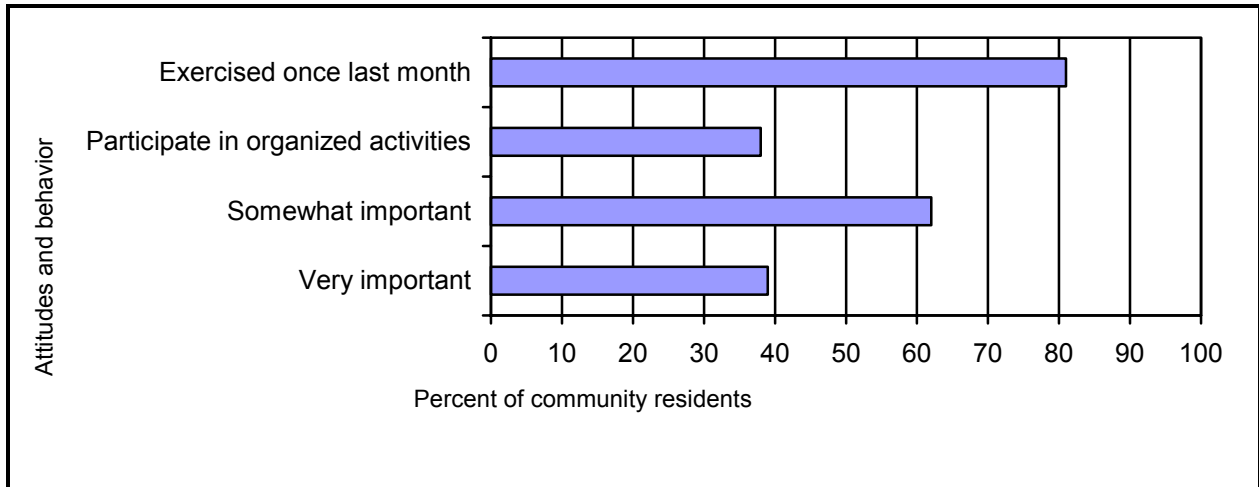


ii. Physical Activity

Overall, community residents believe that physical activity is important (figure 5). However, they preferred walking rather than vigorous exercise. Community leaders added that Filipinos often do physical labor at work and are also active at home. Doing laundry, cleaning the house, and gardening are some of the chores that allow Filipinos to stay active in their daily life. These activities should be recognized as heart healthy practices. It can be misleading to look at physical activities in the Filipino community as those typically recognized in Western culture, such as aerobics, use of exercise machines in gyms, etc. Furthermore, it is important to pay attention to the kinds of community activities that Filipinos engage in that provide aerobic activity, such as dancing.

As with dietary regulations, adherence to exercise was considered “a matter of priorities,” as one man in the focus group explained. Working for wages to support the family and doing daily chores around the house are given greater priority over physical activity. However, as figure 5 shows, all forms of physical activity are important to the Filipino lifestyle. Eighty-one percent of the community residents exercised at least once in the last month, while only 38 percent regularly participate in organized community activities (figure 5).

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



iii. Stress

Fifty-four percent of the community residents said that they lead somewhat to very stressful lives. Common stressors include:

- Work
- School
- Caring for the family and children
- Money

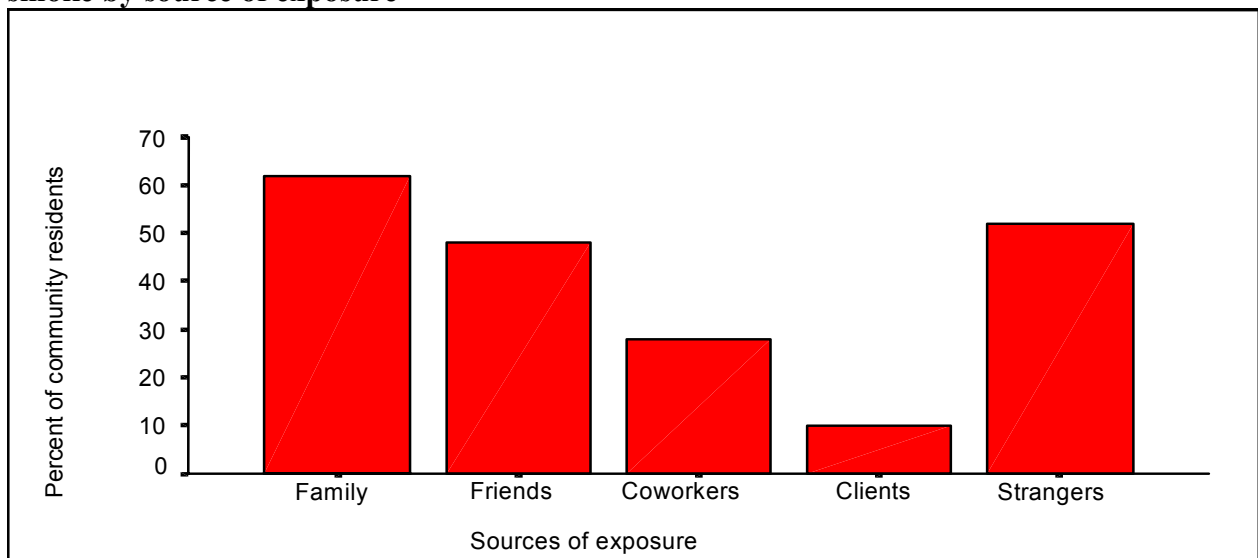
Filipinos relieve stress by talking with friends and family, exercising, praying, listening to music, shopping, watching television, and smoking.

iv. Tobacco

Community residents identified various effects of smoking, which included damage to the liver and lungs, cancer, and high blood pressure. “Looking cool and sophisticated” are some of the motivating factors that drive Filipinos to smoke. Smoking was also mentioned as part of the natural process of growing up, which may explain why residents are concerned about the number of children who smoke.

A majority of the community residents (n=21) have been exposed to smoke from family, friends, coworkers, clients, and strangers. Figure 6 shows the percent of community resident participants exposed to tobacco smoke.

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



Of the 26 community residents, only 9 reported that they used tobacco products. Within this group of 9:

- The average number of years smoked was 13 years (SD=7.2 years).
- Five smoked less than four cigarettes a day.
- Four smoked regularly.
- Six generally smoked outside the home.
- Seven believe smoking has negative consequences on health.

All formative research participants said that the Filipino community views smoking as normal and socially acceptable. Both the Filipino community in the United States and in the Philippines consider smoking a highly social activity.

Community residents indicated smoking as a stress reliever; however, when the same respondents were asked how they coped with stress, only a few mentioned smoking. This dichotomy may be explained by the difference in community beliefs versus individual behaviors. It is also possible that smoking and drinking alcohol, however socially acceptable in practice, are less desirable to report in a personal interview.

What influences Filipinos to smoke? Many of the common socialization factors, according to the community interviews are:

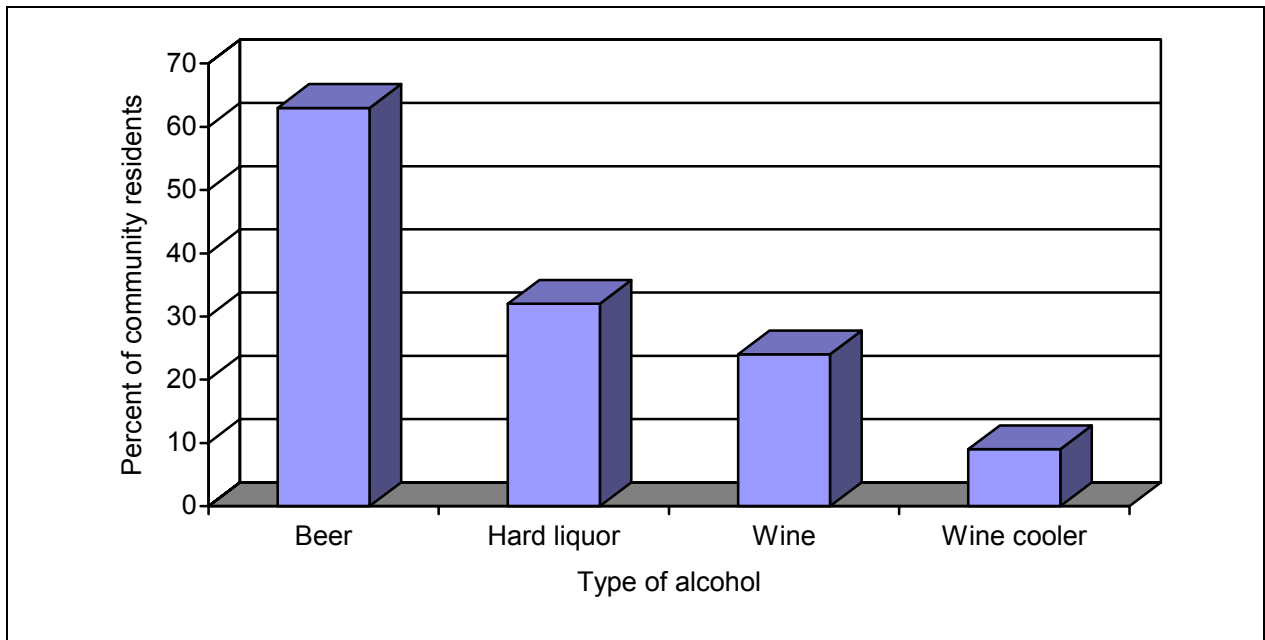
1. Environment (e.g., social gatherings, family, friends, coworkers)
2. Social pressure (e.g., peer pressure, the perception that smoking is considered macho for men, and an increasing perception that smoking is stylish for women)
3. Individual (e.g., depression, stress, and the desire to experiment)
4. Media (television, commercials, movies, and magazines)

A death or illness of family members who smoked and quitting cold turkey were mentioned as the strongest motivator and the most successful method, respectively, for quitting smoking.

v. Alcohol

Of the 26 community participants 46 percent (n=14) reported that they drink alcohol. Figure 7 shows the types of alcohol people generally drink.

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



F. Personal Health

i. Perceptions of Obesity

Community leaders and residents agree that obesity is a reflection of one's economic status. One community leader said, "Obesity is visual evidence of good economic status. Being fat means being healthy and being able to financially care for your children." On the other hand, there is a more modern viewpoint that obesity in adults can also be considered unhealthy and unattractive because an obese person can be perceived as lazy or unmotivated.

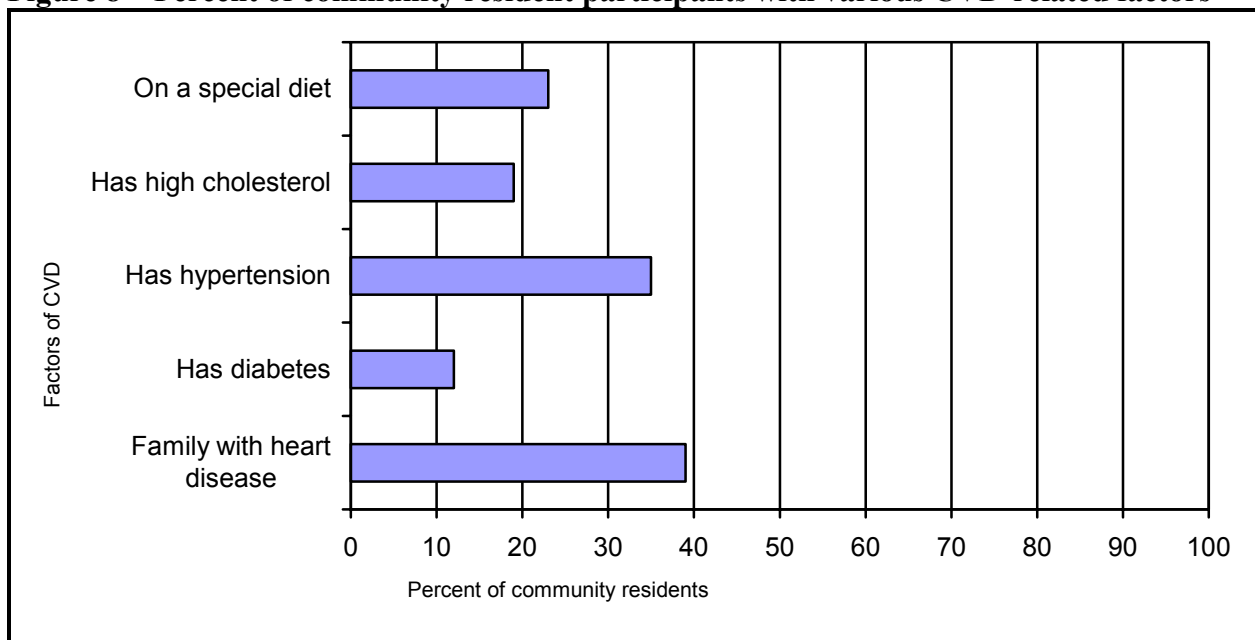
Community leaders and residents also say that it is culturally acceptable for Filipino children to be overweight. However, overweight and obesity acquired during childhood or adolescence may persist into adulthood and increase the risk for cardiovascular-related diseases later in life. Therefore, when children reach adolescence, it is important to teach them how to be at a healthy weight.

While community residents understand the social ramifications of obesity, the problem persists because of overeating, unbalanced and irregular meals, lack of exercise, and self-esteem issues. Being selective about what one eats is not necessarily a priority because in the Filipino culture one must be thankful for the blessings one receives. Food is considered a gift from God.

ii. Factors Associated With Cardiovascular Disease

The community residents were asked about their personal history and family history of CVD. Twenty-three percent responded that they are on a special, physician-ordered diet; 19 percent have high blood cholesterol; 35 percent have high blood pressure; 12 percent have diabetes; and 39 percent responded that they have at least one family member with heart disease (figure 8). The community residents did not report prior strokes and heart attacks.

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



iii. Perceptions of High Blood Pressure

When community residents were asked about high blood pressure, stress was given as the number one cause. Other causes named were eating fatty foods, drinking too much, and heredity. Factors such as not monitoring food consumption and little knowledge about controlling blood pressure were listed as common barriers to lowering hypertension.

iv. Perceptions of High Blood Cholesterol

The community residents were aware of one factor associated with increasing ones' risk of developing high blood cholesterol—diet. Community leaders expressed concern that Filipinos do not take greater care in controlling their diet, particularly eating too much high fat food, to decrease their risk of CVD. Interestingly, the community residents incorrectly believed that a high sodium and high protein diet would also put them at risk of developing high blood cholesterol.

v. Perceptions of Heart Disease

Formative research participants shared similar views on the causes of heart disease. Genes, physical inactivity, high sodium and high fat diet, stress, financial problems, and tobacco and alcohol abuse were all named. Those who had a family history of heart disease indicated that a combination of stress, bad eating habits, genetics, lack of exercise, and fatigue contributed to the development of heart disease. The participants

did not mention other key risk factors for heart disease like high blood pressure, high blood cholesterol, and overweight and obesity.

Community residents said that motivation to adopt a healthy lifestyle is prompted by a loved one's illness. Until someone reaches the point of illness, there is no motivation to shift to a healthier lifestyle. Residents said that they would be more conscious about what they are eating if someone they loved had heart disease.

vi. Alternative Health Care Services

In the United States, Filipinos typically choose to use a combination of Eastern and Western medicines to overcome general health ailments. Their choice of remedies include prayer, going to neighborhood health centers, self-medication with herbal medicine, seeking advice from trusted individuals, visiting traditional healers, and visiting physicians. Filipinos use a lot of herbal medicine and household items, in addition to over-the-counter medications, to self-treat minor illnesses. Home remedies involving coconut oil, tea, ginger and mint leaves, vinegar and coffee, garlic, and white flour oil are common.

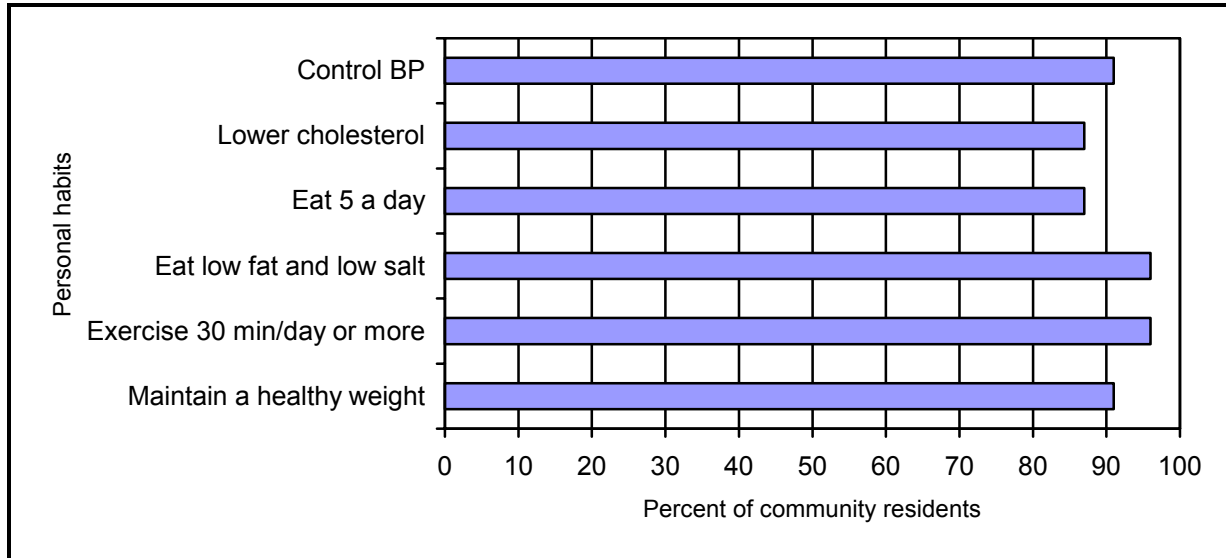
Getting medical advice for illnesses varies from person to person. More than half of the community residents said they would go to a doctor. Members of the focus group said that they and other Filipinos they know only go to a doctor when the illness is really severe, as a last resort. Others seek out family members, friends, pharmacists, community health specialists, acupuncturists, *hilots* (massage therapists), or *albolarios* (faith healers). More than half prefer the advice of a *hilot* or *albolario* because of their holistic approach to healing.

G. Engaging in Healthy Behaviors

i. Confidence in Maintaining Heart Healthy Habits

The community residents were asked to state how confident they were in maintaining good heart health. Figure 9 shows the percentage of community residents who could maintain healthy heart habits. Eighty-seven percent of the residents said they were confident that they could eat five fruits and vegetables each day. However, approximately 92 percent of the residents were only somewhat confident that they could maintain a healthy weight, exercise at least 30 minutes/day, eat a lowfat and low-salt diet, lower their blood cholesterol, and control their blood pressure.

Figure 9—Percent of community residents who engage in personal health habits to improve cardiovascular health



ii. Motivations and Barriers for Physical Activity

Community residents believe that motivation for being physically active comes from concern for their overall health. Other motivators included weight loss, being strong, and feeling energetic. Some residents named external influences, such as significant others and setting a good example for their children, as their motivators.

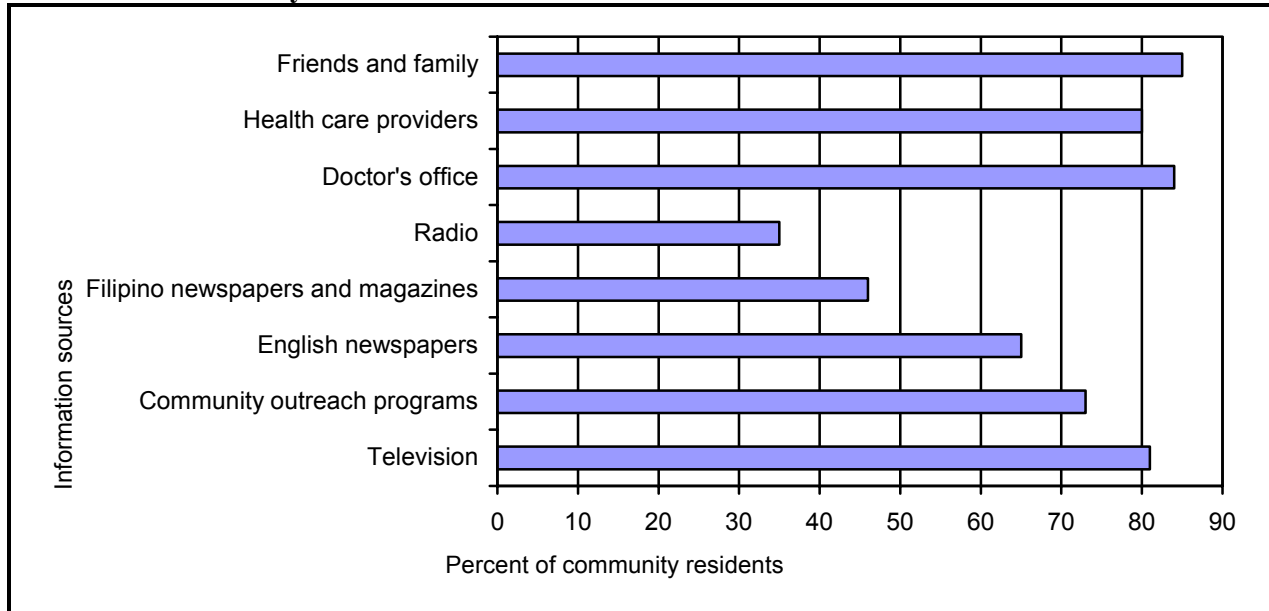
Barriers to increasing physical activity include lack of time, boredom with regular activities, difficulty in changing dietary habits, lack of motivation, and difficulty in managing stress. Residents believe that limited access to health insurance and health information and inadequate health care are their biggest barriers to increasing physical activity.

H. Health Education and Promotion

i. Health Information Sources

Figure 10 shows the most popular sources residents use for health information. At least 80 percent of the community residents reported that they get most of their health information from friends and family, health care providers/doctor’s office, or from television. The least reported sources were from radio, Filipino newspapers and magazines, and English newspapers (figure 10). However, 83 percent of community residents felt that educational materials should be available in the native Filipino language.

Figure 10—Percent of community resident participants who report where they get their health information by information source



ii. Engaging Community Residents in Heart Health

Table 4 lists the community activities residents used the most to actively participate in their own heart health. Residents also utilize health education information, including articles, brochures and pamphlets, magazines, public service announcements (PSAs), and health care providers, as a supplement to the community activities.

Table 4— Community Activities to Engage Residents in Heart Health

<ul style="list-style-type: none"> ▪ Exercise classes and machines at local fitness facilities ▪ Free blood pressure check-ups at a nonprofit organization ▪ Health lectures at community health centers

Older community residents also say that senior clinics in San Francisco are a good place to seek treatment. Senior clinics provide comprehensive services, including health education lectures, home visits, exercise activities, stress management, recreation, shopping trips, an advice nurse, meetings with doctors on health, nutritional cooking lessons, brochures, and health fairs.

Younger community residents said that there are far fewer services available to them, or that they are not aware that services for younger people exist.

iii. Problems Acquiring Medical Help or Services

Nine community residents said that they seldom had or did not have problems acquiring medical services. Those who did cite problems indicated that long waits in getting an appointment was a major issue. Transportation represented a barrier to accessing services for some, while others reported a lack of time. Financial problems, as well as problems with insurance coverage for certain service, were also mentioned.

iv. Feedback on NHLBI Publications

It is important to develop educational publications based on the nativity of the target audience, either the Filipino immigrant population or the American-born population. The older generation of residents prefers health materials in Tagalog, Visaya, or other Filipino dialects. Community residents said they prefer health presentations in Tagalog and pamphlets in Taglish (combination of Tagalog and English) or bilingual English and Tagalog (side by side). Focus group participants said that American-born Filipinos get more health information through school, whereas immigrants do not tend to receive much health information at all.

VII. Discussion

Findings from this cardiovascular health needs assessment will aid the development of future prevention and intervention programs in the Filipino community. To highlight the major issues that were discussed, this section is divided into five areas: (1) assets in the community, (2) awareness of health issues, (3) health risk factors, (4) motivators, and (5) prevention and intervention strategies.

A. Assets in the Community

The culture of the Filipino communities in Daly City and San Francisco is one that fosters interpersonal support and togetherness. There is a strong emphasis on community participation and involvement. The Filipino family plays a major role in the life of the individual. Although Filipinos may sometimes find themselves isolated in terms of access to health resources, there is a wealth of community and family resources.

B. Awareness of Health Issues

The community is aware that CVD is a major threat to the health of Filipinos. Definitions of prevention for CVDs include adages such as prevention is better than cure, drink eight glasses of water, and exercise. However, the predominant view is that prevention is not traditionally practiced in the culture; rather, the emphasis is to “live life.”

Community residents are aware that a poor diet and lack of exercise contribute to poor health, and that open mindedness helps prevent illness. They recognize stress and other psychological issues as contributors to the onset of illness. Community residents are also aware that smoking, drinking alcohol, and genetic predisposition contribute to a variety of health problems, including heart disease.

C. Factors That Increase Risk of Cardiovascular Disease

When asked about the risk factors for CVD, community residents successfully identified several of them. However, it will take more than knowledge to get the residents to change their behavior. Below are a number of factors that put the Filipino population in the United States at great risk for heart disease.

- *Smoking*

Smoking is a big problem among the Filipino youth. It is recognized as a socially acceptable behavior, especially for men and increasingly for women. Although the community is aware that smoking is bad for one's health, it is also recognized as a social norm.

- *Dietary habits*

Many traditional Filipino dishes are high in fat and sodium. Foods from other cultures that are high fat and high sodium, such as Vietnamese food and American fast food, put Filipino consumers at risk for heart disease. Cultural practices such as gift giving (*pasalubung*) contribute to unhealthy eating.

- *Stress*

Stress leads to a variety of unhealthy behaviors, all of which interact with one another to impact cardiovascular health. To cope with the strain of immigration and daily life, some people turn to consuming Filipino comfort foods, which are fatty and high in sodium. Some reported smoking to relieve stress.

- *Socioeconomic status*

Socioeconomic needs in the Filipino community often take precedence over personal health, resulting in lower consciousness about health and less time devoted to health maintenance and improvement. Consequently, Filipinos react to acute health crises instead of focusing on prevention.

- *Lack of time*

A lack of time is the most frequently reported barrier to being physically active. Illness and fatigue also contribute to problems in staying active. Relatively few community residents make the connection between regular exercise and personal health benefits.

D. Motivations and Barriers for Physical Activity

A disease in the family or the immediate threat of illness in the family can be an effective motivator for behavior change. The community residents believe that the necessity to care for one's family leads individuals to be more cognizant about caring for their own physical health. Some feel that they maintain a healthy lifestyle to set a good example for their children.

The community residents identify health and health concerns as the prime motives for being physically active. External motivators for some are apparent, such as the insistence of their partners and significant others. Some people exercise "by force," while others exercise to be strong.

Even though the residents have external motivators to change their behavior, barriers to increasing physical activity still exist. Lack of time, lack of variety in activities, and limited access to health care and information were most frequently cited as barriers to change.

E. Prevention and Intervention Strategies

A number of recommendations for prevention and intervention programs in the Filipino community are based on the results of this project. Suggestions are derived from discussions with community residents on a variety of lifestyle issues.

- *Develop programs centered on the family.*
The Filipinos live in a close-knit community where the support of family and friends is essential for a healthy life. Intervention programs, particularly those that address physical activity, nutrition, and smoking cessation, should be based on a transgenerational model where the old are teaching the young, and vice versa.
- *Increase smoking cessation programs.*
Smoking is a big problem in the Filipino community, particularly among the youth. In a comparison of smoking patterns among Asian American youth in California, Filipinos were most likely to have smoked than any other Asian American subgroup. More intervention programs should target children and young adults about the dangers of smoking. Ultimately, programs should move community residents to change this social norm.
- *Teach dietary monitoring.*
Most Filipinos know that they should eat five fruits and five vegetables a day, but keeping track of it can be difficult. Recording daily meals in a food journal can help. Seeing exactly what one eats and how much is a good start towards healthy eating.
- *Provide alternative food choices.*
Most of the traditional Filipino dishes are high in fat and sodium. A bilingual Filipino cookbook with easy-to-prepare recipes offers healthy alternatives. Adaptations to the traditional dishes can include using less salty and less fatty ingredients.

- *Teach coping strategies.*
 Stress leads to decreased motivation for physical activity and results in maladaptive coping strategies, such as unhealthy eating habits and smoking. Programs should build upon existing social relationships. Examples of this include bringing community members together to focus on stress management, family support, career development, housing and immigration, smoking cessation, physical activity, and healthy cooking.

- *Use fear.*
 Interventions are needed to motivate people to change before they or a loved one experience a crisis. The Filipino community has a cognitive understanding of the major health risks. However, health problems tend to remain in the abstract until an illness strikes close to home. Community residents feel that stronger messages are needed to move people to action. The use of scare tactics can help grab the audience's attention and reinforce health messages. Testimonies of Filipino celebrities have been successful because they serve as role models for the community. Filipinos would pay heed to these personal accounts, which would encourage them to make changes in their own lifestyles.

- *Improve the quality and access of health information.*
 The key leaders believe that wider distribution of health materials in Filipino languages and new methods to present health information are needed. The leaders offered several suggestions, which are listed below:
 - ❖ Ensure that communities receive accurate health information. Interviews with community residents indicate that more people in the community go to friends and family for health information than to any other source.
 - ❖ Literature should be low-literate, culturally competent, and presented in a comedic style.
 - ❖ Literature can be distributed as a CD-ROM, or in another electronic format.
 - ❖ Health fairs and community-based organizations (CBOs) that offer free medical services are popular venues for residents to obtain health information. Free or low-cost public transportation to these venues should be considered.
 - ❖ Nurses at community health centers or bilingual health care providers in the community should be trained to educate the residents about heart health.

- *Improve access to exercise facilities.*
 Community residents believe that free and low-cost gyms in the community and at the workplace help to increase physical activity levels. Gyms provide a safe and supportive environment for people of all ages to exercise. Programs in partnership with a local clubs or organizations may encourage more young people to stay physically active and steer them away from drugs and gang violence.

VIII. Limitations of the Study

It is both important and useful to discuss the limitations in conducting the Filipino portion of this multiethnic study on cardiovascular health in Asian American and Pacific Islander communities. Changes in personnel significantly delayed the project. The project was slated to begin July 2000 but did not move forward until September 2000, when new Health Forum staff were hired. Time lag and changes in personnel at one of the community-based organizations (CBOs) made it difficult to pursue a partnership with two groups. Thus, the approach was modified to include one CBO instead of two in the project collaboration. This modification may have affected the extent to which Daly City was represented in the sample.

True partnerships with CBOs in conducting community-based research require considerable time and training on the part of the researchers and the community. Tight deadlines and timelines are not conducive to building important partnerships that enhance the process of research and community capacity building. CBOs that provide direct services to their communities are hard pressed for time and resources. Conducting any kind of partnered research has to recognize these issues and compensate the CBOs and community participants adequately (i.e., in terms of recognizing their priorities, time, human resources, and monetary constraints).

Various delays resulted in expedited work to move the project forward. Development of the interview and focus group protocols could have benefited from greater participation with our CBO partners, particularly in piloting the procedures and reviewing translated materials for their cultural and linguistic appropriateness. As a result, the protocols could have been more concise and the translations needed to be improved.

Extremely positive feedback was received about the focus group conducted at West Bay. Participants appreciated the opportunity to discuss cardiovascular health in the Filipino community and would like to see more community gatherings. They all recognized the major significance of addressing cardiovascular health and disease in the Filipino community. They were very pointed in their feedback that they hoped this focus group was not a one-time effort. They said they would feel extremely disappointed if there was no follow-through to further examine the issues or provide solutions and support to the community.

Some of the focus group questions were repetitive and modifications were made as the discussion progressed. It is therefore necessary for the next round of data collection to edit the focus group materials.

During the data feedback meeting, interviewers were invited to critique the interview materials and processes. They concurred that the interview protocols, particularly the indepth interview with community members, were exceedingly long, tedious, and repetitive. They made specific comments in regard to collecting information on eating behaviors—the 3-day diet was a good process for participants, but the weeklong diet was difficult to recall. They also critiqued the tobacco section, stating that there needed to be greater consistency on whether the questions addressed smoking behavior or general tobacco use. Furthermore, the formatting of the tobacco questions was confusing.

In addition, the interviewers found the question on health-seeking behaviors to be repetitive and too detailed. This led to participants providing the same information on several questions.

It is important to be cognizant of this study's limited geographic area and relatively small sample size. Results should not be generalized to the larger Filipino community in California and in the United States. Epidemiological studies and qualitative research to further assess cardiovascular risk are warranted. Mixed-methods research, especially studies conducted in partnership with CBOs, would enhance the capacity to develop more informed and effective CVD intervention and prevention programs.

IX. Conclusion

Heart disease is the leading cause of death for Filipinos, representing about 32 percent of all Filipino deaths. One of the major risk factors that is quite prevalent among Filipinos, and increases their risk of heart disease, is high blood pressure. About 25 percent of Filipinos living in the United States suffer from high blood pressure; their rates are almost comparable to African American rates in the United States. In addition, Filipinos have high rates of cigarette smoking. Thus, community-based programs to improve nutrition-related behaviors such as eating low salt and low sodium foods, increase screening, referral, and followup for high blood pressure control, and provide smoking cessation programs may help reverse the increasing prevalence of heart disease in this population. By studying this community, we are gaining a greater understanding of the heart health problems that plague this small but important subgroup of AAPIs in the United States, and how to prevent them. Many are immigrants who have traveled a great distance from the Philippines. They bring with them their cultural values and hopes for a better life. This hope, for a happy and healthy life, can inspire minority health advocates to help improve the overall well-being of Filipinos nationwide.

X. Appendices

APPENDIX A: Training Materials

Key Informant Interview Training Protocol

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

Key Informant Interview Training Handout

Purpose

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

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

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

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

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

Cultural and Language Appropriateness

When we designed the interview protocol, we knew that each interviewer would have his or her own style and also his or her own suggestions about how useful the questions are and whether they are culturally appropriate. We will go over the questionnaire (in English and in the native language), section by section and discuss it. If we agree upon modifications, we can hand mark them on the forms. I will make multiple copies of ones with modifications. You will use these revised questionnaires when you do your interviews.

Pre-Interview

It is important to call the interviewees right away to schedule interviews. Tell them they have been identified as a leader in the community, and that you would like to interview them to learn more about heart health and the Filipino community. Inform them that the program is sponsored

by the National Heart, Lung, and Blood Institute and is partnered with the Asian & Pacific Islander American Health Forum and your CBO. They will receive \$20 as a token of appreciation for doing the interview. Let them know that the interview should last about 1 hour and 15 minutes. Tell them that their names will not be used, but the information they provide will help develop health promotion programs for Filipinos. Let them know that you would like to tape record the interview to ensure that we capture everything they discuss in the interview. Tell them when you are available, and see if they can interview during one of those times. Please schedule for 1.5 hours of their time, and let them know where the interview will be (e.g., at your CBO or at their office, if you are willing to travel). Make sure you have some time before and after the scheduled interview time, in case the person comes late or if the interview runs long.

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

At the Interview

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

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

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

Advice about the Interview Process

Open-ended questions: Open-ended questions are questions that don't have a yes/no or black/white/brown answer. An example of an open-ended question would be if I asked you, "What kind of fruits do you like?" The person can answer however they like, such as, "I like papaya, mango, and bananas." They can also answer, "I don't like fruit at all." On the other hand, closed questions are useful when you are asking a lot of people the same questions. You want to give them choices, so that you can analyze what a large group of people said about something. For example, if I ask you, "Do you like apples or bananas better?" I have only given you two choices that are predetermined. You can say either apples or bananas. This

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

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

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

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

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

Completing the Interview

After asking the key informant if they have anything else they would like to add (take notes if they do have things to add), thank the person for their help and for their time. Give them the \$20 dollar stipend. Remind them that if they have any questions, they can call the number on the permission form, and someone will try to answer their questions.

Indepth Interview Training Protocol

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

Indepth Interview Training Handout

Purpose

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

Who Should Be Invited to Participate in the Indepth Interviews?

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

Interview **10 people** who fit the above criteria. The reason we ask for equal numbers of men and women and equal numbers in the education and income area is to get a variety of people and experiences. It may be difficult, however, to find participants that match all the criteria.

The Indepth Interview

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

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

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

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

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

Cultural and Language Appropriateness

When we designed the questionnaire, we knew that the interviewers would have their own styles and also their own suggestions about how useful the questions are and whether they are culturally appropriate. We will go over the questionnaire (in English and in the native language) section by section and discuss it. If we agree upon modifications, we can hand-mark them on the forms. I'll make multiple copies those ones with modifications. You will use these revised questionnaires when you do your interviews.

Pre-Interview

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

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

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

At the Interview

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

Conducting the Indepth Interview

It will be helpful to sit with the interviewee at a table or desk. Sit facing the interviewee, but be flexible to move so that he or she can see the form. He or she may, at times, want to see the questions themselves to jog his or her memory for answers.

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

Section B—Eating Behaviors: There are instructions for Section B on the form. We will go through those together. Basically, you are given two calendar sheets. On the first one, you will fill out information about what the interviewee ate the day of the interview (today), and the last 2 days (yesterday and the day before). In your Section B instructions (page 53), you will see questions you can read aloud, and also a list of the types of foods to ask about. These are prompts, which are to help you and the person remember different categories of food as they tell you what they ate.

We are very interested in the ethnic foods they eat, particularly from the Filipino culture. We are also interested in who generally cooks the food they eat (e.g., do they eat out most of the time, does the mom in the household do most of the cooking, etc.). After you take note of the foods they ate over the last 2 days (2-day data), then you can use the second calendar sheet to discuss a typical week for them. We are interested in asking them about a typical week because what they ate in the last 2 days may be unusual for them (e.g., perhaps they have been sick so they ate less than usual, or work has been busy so they have eaten a lot of fast food). Remember to use your prompts to cover "who cooks," what types of ethnic foods, and categories of food such as fruits, fish, grains, etc. After you finish discussing a typical week ("typical week data"), return to page 54 and resume asking questions B1 to B3.

At the end of the whole interview, you will go to page 61, and fill out the answers to the food questions based on the "2-day data." Please note we are not asking about alcoholic beverages on these charts. That is the next section.

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

Several questions ask about how the Filipino culture views tobacco and also about what tends to influence people to smoke. Please try to engage the interviewee in talking about his or her own views as well as whether those views come from their cultural heritage. Have ideas about tobacco changed in the Philippines since they came to the United States? Here is an opportunity to find out more about cultural norms (how certain cultures tend to do things).

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

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

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

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

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

Advice About the Interview Process

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

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

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

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

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

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

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

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

Completing the Interview

After asking the interviewees if they have anything else they would like to add (take notes if they do have things to add), thank them for their help and for their time. Give them the \$15 dollar stipend. Remind them that if they have any questions, they can call the number on the permission form and someone will try to answer their questions.

APPENDIX B: Interview Guides

Focus Group Guide

Today's Date:

Time:

Focus Group Location:

Address:

Community Organization Sponsor(s):

Focus Group Facilitator:

Focus Group Recorder:

Sign-in Sheet

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

I. Introduction

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

II. Attitudes About Heart Disease

Let's start our discussion.

A. Cultural Meaning of Prevention

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

B. Community Health Concerns

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

C. Heart Disease

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

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

I am going to ask you some questions about three different topics: high blood pressure, blood cholesterol, and obesity. I will ask you the same questions for each topic. Please do not feel like you have to be an expert on these things. I am asking to get a sense of what you think.

D. High Blood Pressure

1. What do people think high blood pressure is? *[Probe for words used to describe or refer to high blood pressure, such as stress.]*
2. How does high blood pressure affect your health?
3. What should people do if they have high blood pressure?
4. What keeps people from controlling their high blood pressure?
5. What would help people control their high blood pressure?
6. How realistic is it for people in the community to keep their blood pressure under control?

E. Cholesterol

1. What does cholesterol mean in *[insert name]* culture? Where does cholesterol come from?
2. How does cholesterol affect your health?
3. What can people do to lower their blood cholesterol?
4. What keeps them from lowering their cholesterol?
5. What would help people lower their cholesterol?
6. How realistic is it for people in the community to lower their cholesterol?

F. Overweight and Obesity

1. What does being overweight mean in our culture? Are there any perceived differences for men and women? Do you think people in the Filipino culture view weight differently depending on the age of a person? *[Probe if it is okay for an older woman to be overweight, vs. a young woman.]*
2. How does being overweight weight affect your health?
3. Do you know anyone who is overweight?
4. What keeps people from losing weight?
5. What would help people lose weight?
6. How realistic is it for people in the community to maintain a healthy weight?

G. Tobacco Smoking

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

H. Diet

1. What kinds of food do you like to eat? What kinds of food do you like to prepare for you and your family at home?
2. Do you cook anything different for special celebrations?
3. How often do you eat out? What types of food do you eat when you eat out?
4. Do you think that the kinds of food you eat can affect your heart? How?
5. What makes it hard for people to eat foods low in salt?
6. What would help people to eat food low in salt?
7. How realistic is it for people in the community to eat foods low in salt?

I. Physical Activity and Exercise Patterns

1. When you look around the *[insert name]* community here in *[insert name of city or town]*, how physically active are the people in the community?
2. What types of physical activities or exercise do people do for fun? What types of physical activities or exercise do people do on their own (e.g., morning walks, running)? What types of physical activities or exercise do people do as a group (e.g., join sports leagues, take exercise classes, work in a community garden, or take morning walks with friends)?
3. What types of physical activities or exercise do people do at home (e.g., gardening, lawn mowing, cleaning)? What types of physical activities or exercise do people do at work (e.g., walking clubs)?
4. What types of physical activities or exercise do people in your community tend to prefer?
5. Why do you think people are not active?
6. What would help people become more active?
7. Use a flip chart to list the reasons that makes it difficult for people to be physically active and ways to solve or overcome those difficulties.
8. How realistic is it for people in the community to exercise 30 minutes on most days of the week?

III. Health Care Options, Access, and Services

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

program would encourage people to exercise more? To eat food with less fat? To eat food with less salt? To maintain a healthy weight?]

IV. Sources of Health Information and Languages

1. Where do people in your community get information about health? *[Use the flip chart to make a list of sources of health information. If not mentioned, ask if they use the Internet to find information about health.]*
2. How useful or effective are these materials in educating the *[insert name]* community about heart health issues?
3. Would people receive the information on issues not related to health from the same sources (e.g., community issues such as census participation, immigration, and community events)?
4. We would like to ask you about any information you receive on heart health or prevention of heart disease, such as brochures, television ads, radio ads, etc.
5. What information format is most appealing to the *[insert name]* community (e.g., brochures, television ads, radio ads, videotapes, audiotapes, interviews, etc.)?
6. What languages or dialects do most people in the Filipino community in *[insert name of city or town]* speak? Which ones do you think are the best languages or dialects for getting information to community residents?
7. Who should deliver health messages to the community? *[Probe for credible spokespeople in the community.]*
8. What activities do people in your community participate in local ethnic group organizations? What about churches? What about ethnic celebrations or events?

Followup: Which organizations? Which churches? Which ethnic celebrations or events?

Followup: Why do you think people like to participate that organization? Why do you think people like to participate in that church (or those churches)? Why do you think people like to participate in that celebration or event?

V. Reactions to Selected Health Education Materials

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

Show the materials and give them a few seconds to look at it. Then ask the group, what do you like the best and why? What do you like the least and why?

VI. Closing

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

Key Informant Interview Guide

Today's Date:

Time:

Interview Location:

Address:

Community Organization Sponsor(s):

Interviewer:

I. Introduction

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

II. Respondent Demographic Information

Age:

Sex:

Ethnicity:

Birth country:

Native language:

Citizenship, which country?

Years in the United States?

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

With what organizations or institutions are you affiliated?

III. Community Context and Sources of Information

1. To begin, can you describe the *[insert name]* community in *[insert name]*?

[Probe: Are most of the [insert name] in this community long-term residents?]

[Probe: Would you consider it a youthful or an elderly community?]

2. What languages or dialects do most people in the community speak, and which ones do you think are the most effective for getting information to community residents?
3. How active are most people in the community in local ethnic group organizations, churches, and ethnic celebrations or events?

Followup: Which organizations, churches, and ethnic celebrations or events do people like to go to?

Followup: Why do you think people like to go to those organizations, churches, or ethnic celebration or events?

4. How do people in your community get information about health? *[Check all sources that participants identify.]*

- Family, especially those family members in the health care professions
- Friends, especially those friends in the health care professions
- Ethnic radio
- Local English radio
- Ethnic newspaper (English and Asian language)
- Local English newspaper
- Ethnic television
- Local English television
- Community organization newsletter
- Flyers—community outreach materials
- Brochures and educational materials in (Western) doctor’s offices, HMO, or other health care provider
- Information from “cultural or traditional” healers (e.g., acupuncturist)

5. What information format is most appealing to the *[insert name]* community (e.g., brochures, television ads, radio ads, videotapes, audiotapes)?
6. What can you tell us about the network of ethnic community organizations and services in *[insert name of city or town]*? Are they well-integrated? Are there overlaps in services or efforts by the community organizations?
7. What do you see as the greatest assets of *[insert name of city or town]*? What do you see as some of the important needs?

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

A. Cultural Meaning of Prevention

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

B. Community Health Concerns

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

C. Heart Disease

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

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

I am going to ask you some questions about three different topics: high blood pressure, cholesterol, and obesity. There will be the same questions for each topic. Please do not feel like you have to be an expert on these things. I am asking just to get a sense of what you think with regard to the community.

D. High Blood Pressure

1. What do people think high blood pressure is? *[Probe for words used to describe or refer to high blood pressure, such as stress.]*
2. How does high blood pressure affect health?
3. What keeps people from controlling their high blood pressure?
4. What would help people control their high blood pressure?
5. How realistic is it for people in the community to keep their blood pressure under control?

E. Cholesterol

1. What does cholesterol mean in our culture? Where does cholesterol comes from?
2. How does cholesterol affect health?
3. What can people do to lower their blood cholesterol?
4. What keeps from lowering their cholesterol?

5. What would help people lower their cholesterol?
6. How realistic is it for people in the community to lower their cholesterol?

F. Overweight and Obesity

1. What does being overweight mean in our culture? Are there any perceived differences for men and women? Do you think people in the Filipino culture view weight differently depending on the age of a person? [*Probe: Is it okay for an older woman to be overweight, vs. a younger woman?*]
2. How does being overweight weight affect health?
3. Do you know anyone who is overweight?
4. What keeps people from losing weight?
5. What would help people lose weight?
6. How realistic is it for people in the community to maintain a healthy weight?

G. Smoking

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

H. Diet

1. What kinds of food do Filipinos most often eat for special holidays, family gatherings, or celebrations?
2. Do people in the [*insert name*] community tend to eat differently or similar to the way they ate in the Philippines? Please explain. Are the styles of eating in the United States more or less healthy than the old ways? In what way?

I. Physical Activity and Exercise Patterns

1. When you look around the Filipino community here in [*insert name of city or town*], how physically active are the people in the community?
2. What types of physical activities or exercise do people do for fun? What types of physical activities or exercise do people do on their own (e.g., morning walks, running)? What types of physical activities or exercise do people do as a group (e.g., join sports leagues, take exercise classes, work in a community garden, or take morning walks with friends)?
3. What types of physical activities or exercise do people do at home (e.g., gardening, lawn mowing, cleaning)? What types of physical activities or exercise do people do at work (e.g., walking clubs)?
 - a. Why do you think some people are not active?
 - b. What would help people become more active?

4. How realistic is it for people in the community to exercise 30 minutes on most days of the week?

V. Health Care Options, Access, and Services

1. When people in the community get sick what do people tend to do?
2. Who do they go to “see” first? [*Probe for use of self-treatment, such as taking herbs, over-the-counter medicine, medicine from the (insert name) culture.*]
3. What do people expect from the person they first go see?
4. Do people in the community go for “regular” health checkups? If so, where do people in the community go for “regular” health checkups?
5. What other things people do regularly or routinely to maintain their health and well-being? (e.g., clergy, acupuncture, etc.)
6. What health care services are available in your community or neighborhood?
7. Are there other health care services people use in the community? [*Probe for use of non-Western health care services, e.g., traditional healers, herbalists, etc.*]
8. What proportion of the community uses “Western” medicine and health care services? What are the alternative health care services you see people use?
9. Who or what types of organizations are seen as having credibility in providing health care education and/or services?
10. What are some of the factors that make it difficult for folks in the [*insert name*] community to receive health care services (e.g., language, transportation, race/culture, insurance, trust)?
11. What would encourage people to use existing health care services in the community?
12. If not addressed, ask: Do most folks in your community have “health insurance?” If not, why do you think that is (e.g., cost, not important, not available)?
13. For heart disease in particular, what kinds of activities do you think could be developed in the community that would reduce the risk for heart disease? What are the elements it should have? [*Probe: What kinds of activities or programs would encourage people to do things that would lower their blood pressure? What kinds of activities or programs would encourage people to exercise more? To eat foods with less fat? To eat foods with less salt? To maintain a healthy weight?*]

VI. Heart Health Prevention and Intervention Materials

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

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

VII. Closing

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

Indepth Interview Guide

Six areas are explored:

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

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

Date:
Time:
Location:
Interviewer:

Respondent Demographic Information

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

Section A: Physical Activity

- A1. How important is getting daily physical activity for you?
1. Not important
 2. Somewhat important
 3. Very important
 9. N/A
- A2. During the last month, did you participate in any physical activities such as walking, hiking, basketball, volleyball, swimming, gardening, etc.?
0. No
 1. Yes (If yes, answer the next 5 questions)
- A2a. Please tell me the type(s) of physical activities that you did.
- A2b. Of these physical activities you just told me about, which is the one you do the most?
- A2c. Which is/are your favorite activities?
- A2d. Are any of your activities in leagues, classes (recreation or school), or some other formal clubs?
- A2e. Which of these activities are with friends, relatives, etc.?
- A2f. Are you physically active at home or at work (e.g., carrying laundry, walking up stairs, physical labor for work like walking, lifting, building)?
- A3. What motivates you or would motivate you to be physically active?
- A4. What makes it hard for you to be physically active?
- A5. How are physical or recreational activities viewed within the *[insert name]* culture? Are these activities different or similar from *[insert name of country]* to here in the United States?

Section B: Eating Behaviors

Interviewer Instructions:

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

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

Interviewer will ask the interviewee what they ate today, yesterday (morning, mid-day, evening, night), and the last 2 days, including today. As the interviewer writes down the foods on the calendar, they check with the participant as to the accuracy of the information. After the 2 days

on the calendar are filled out, the interviewer asks general questions, marking down information on the following topics with as much specificity as the interviewee can give. Use the two calendar sheets we'll give you.

Ask: Who cooks the food you generally eat?

- *[Insert name]* ethnic foods (what kind)
- Grains (types, frequency)
- Red meat (look for type of preparation—deep fried, pan-fried, steamed—how fatty?)
- Chicken (look for type of preparation—deep fried, pan-fried, steamed—how fatty?)
- Fish (look for type of preparation—deep fried, pan-fried, steamed—how fatty?)
- Soy products (look for type of preparation—deep fried, pan-fried, steamed—how fatty?)
- Dairy (milk, eggs—how prepared? how fatty, how lean?)
- Vegetables (type and preparation)
- Fruit (type)
- Sweets (candies, cakes, other)

Interviewer states: “Try to answer for a typical week.”

Interviewer can use lines or arrows to indicate a certain food throughout the week. This will be elaborated upon in training. Note that the interviewer will fill in the answers to food questions at end of the interview with or without the participant, depending on the time. This is based on the 2-day data.

After filling in the information from above onto the calendar sheets, ask:

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

Section C: Tobacco and Alcohol Use

- C1. Do you smoke cigarettes, cigars, or pipes or chew tobacco? Please specify.
0. No
 1. Yes (*If yes, answer the next 4 questions*)
 9. N/A

- C2. If you smoke, how long have you been smoking?
- C3. If you smoke, how often do you smoke?
0. Rarely, on special social occasions (How many cigarettes/cigars at an event?)
 1. Occasionally, about once a month (How many cigarettes/cigars on each occasion?)
 2. Regularly, several times a week
 3. Daily
 9. N/A
- C4. On average, about how many cigarettes do you smoke each day?
1. 1 – 4 cigarettes
 2. 5 – 8 cigarettes
 3. 9 – 12 cigarettes (about half a pack)
 4. 12 – 16 cigarettes
 5. 17 – 20 cigarettes (about a pack)
 6. 20 – 40 cigarettes
 7. 40+ cigarettes (2 packs)
 9. N/A
- C5. When you are at home, where do you primarily smoke?
1. Inside the house
 2. Outside the house
 3. Other
 9. N/A
- C6. Did you ever smoke?
0. No
 1. Yes
 9. N/A
- C7. If yes, how long ago did you stop smoking? What method/methods did you use to quit smoking? *(If they have smoked off and on, please describe pattern of quitting and starting again.)*
- C8. How long did you smoke? How much did you smoke daily when you used to smoke?
- C9. Who exposes you to tobacco smoke? (Check all that apply.)
- Family
 - Friends
 - Coworker/students
 - Clients/customers
 - Strangers
 - Others (specify)
- C10. How do you think tobacco affects your health?
- C11. How do you feel tobacco smoking is viewed in the *[insert name]* community here in *[insert name of city or town]*?
- C12. How is using tobacco viewed in the *[insert country of origin]*? Do those attitudes affect how you or others in the *[insert name]* community think about tobacco or smoking?
- C13. What do you think influences *[insert ethnicity]* men or women, and kids to use tobacco? (e.g., certain situations like social gatherings, magazine ads, movies, and cultural norms)

- C14. Do you drink alcohol?
0. No (*If No, then skip to section D*)
 1. Yes
 9. N/A
- C15. How often do you drink alcohol?
0. Never
 1. Rarely, special social occasions (What kind of occasions?)
 2. Occasionally, about once a month
 3. Once per week
 4. Regularly, several times a week
 5. Daily
 9. N/A
- C16. When you drink alcohol, what do you tend to drink? How much?

Section D: Health History

- D1. How tall are you?
- D2. How much do you weigh?
- D3. Do any of your family members have heart disease?
0. No
 1. Yes
 9. N/A
- D4. Has a doctor ever told you that you have any of the following? (Check all that apply.)
- Diabetes
 - Hypertension (high blood pressure)
 - High cholesterol (*How many times?*)
 - Heart attack
 - Stroke

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

- D5. Do you have heart disease? How did you or your family member find out about having heart disease?
- D6. How do you think you/your family member developed or got heart disease?
- D7. What do you do to on a daily basis to take care of your heart? Has this resulted in any changes in your family? [*Probe for cultural methods of taking care of the heart.*]
- D8a – f.

	Confident	Somewhat confident	Not confident
How confident are you that you can control your high blood pressure?			
How confident are you that you can lower your cholesterol?			
How confident are you that you can eat five servings of fruits and vegetables?			

	Confident	Somewhat confident	Not confident
How confident are you that you eat food low in saturated fat and salt?			
How confident are you that you can exercise 30 minutes on most days of the week?			
How confident are you that you can maintain a healthy weight?			

- D9. What does the heart symbolize in your culture?
- D10. Are you on a special diet (low fat or low salt) ordered by a doctor? Do you follow it? Why or why not?
0. No
 1. Yes
 9. N/A
- D11. Can you share some *[insert name]* cultural perspectives on the following topics? Any differences for men or women?
- Causes of bad health or illness
 - Prevention of illness
 - Overweight (chubbiness) and obesity
 - High blood pressure
 - High blood cholesterol
 - Physical activity
- D12. How do you view “Western medications”? *[Probe for cultural attitudes regarding use of “Western medications.”]*
- D13. Do you try to treat yourself when you are sick?
0. No
 1. Yes (If yes, move on to D14)
 9. N/A
- D14. What do you use to treat yourself when you are sick? *(Ask about herbal medications, whether they take medications from friends.)*
- D15. Do you use traditional healers (e.g., acupuncturist, herbalist)?
- D16. Who do you generally go to (if anyone) when you get sick? When (and for what) would you go to a Western doctor?
- D17. Do you go to someone regularly for health check-ups? *[Followup: Whom do you go for regular health check-ups?]*
- D18. Are there any other things that you do on a regular basis to maintain your health and well-being? (e.g., massage, clergy, acupuncturist). Why or why not?
- D19. How stressful is your life?
1. Not stressful
 2. Somewhat stressful
 3. Very stressful
 9. N/A
- D20. What causes you stress?
- D21. What are some of the things you do to relieve stress?
- D22. How important is it for you to do stress relieving activities?
1. Not important

- 2. Somewhat important
- 3. Very important
- 9. N/A

Section E: Personal information

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

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

	Self	Spouse
0. None	<input type="checkbox"/>	<input type="checkbox"/>
1. 1 – 8 years	<input type="checkbox"/>	<input type="checkbox"/>
2. 9 – 12 years	<input type="checkbox"/>	<input type="checkbox"/>
3. Tech/prof	<input type="checkbox"/>	<input type="checkbox"/>
4. Community college	<input type="checkbox"/>	<input type="checkbox"/>
5. 4-year college	<input type="checkbox"/>	<input type="checkbox"/>
6. Post-bachelor’s degree	<input type="checkbox"/>	<input type="checkbox"/>
9. N/A	<input type="checkbox"/>	<input type="checkbox"/>

E3. What kind of work do you do?

- 1. Professional/Managerial
- 2. Technical
- 3. Sales
- 4. Administrative support (e.g., clerical, secretarial)
- 5. Service
- 6. Industrial
- 7. Homemaker
- 8. Unemployed
- 9. Own a business
- 10. Other (specify)

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

E3b. How many jobs do you have for pay?

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

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

E5. Who in your household speaks *[insert ethnic language]*? (Check all that apply.)

- Children (preteens)
- Youth (teens)

- Adults 18 – 30
 - Adults 30 – 45
 - Adults 45 – 60
 - Elders 61+
- E6. Who in your household speaks English? (Check all that apply. Mark N/A if not applicable.)
- Children (preteens)
 - Youth (teens)
 - Adults 18 – 30
 - Adults 30 – 45
 - Adults 45 – 60
 - Elders 61+
 - N/A
- E7. Are you or anyone in your household involved in or a member of an ethnic organization/association?
- 0. No
 - 1. Yes
 - 9. N/A
- E12. Do you have health insurance? If yes, with whom?
- 0. No
 - 1. Yes
 - 9. N/A

Section F: Health Education

- F1. When you need medical advice or information, which do you usually ask (or go to)?
- F2. Where do you get health information?
- F3. How important is it to have regular community health fairs in your neighborhood?
- 1. Not important
 - 2. Somewhat important
 - 3. Very important
 - 9. N/A
- F4. Have you ever attended a community health fair? [*Probe for how often people in the community attend such fairs.*]
- 0. No
 - 1. Yes
 - 9. N/A
- F5. How important is it to have brochures, pamphlets, videos, and audiotapes in your native language?
- 1. Not important
 - 2. Somewhat important
 - 3. Very important
 - 9. N/A

F6. How important is it to have health education programs in your native language?

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

F7. How often do you read or learn about health education information:

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

Section G: Community Health Services

G1. Has your doctor/medical plan recommended that you have any of the following? (Check all that apply.)

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

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

G3. Now, I'd like to ask you about the services in the *[insert name]* community. What kinds of services are available for people to live healthier lives *[insert name]* community?

G4. Which of them are used most often? Why?

G5. What kind of community services would help you maintain a healthy diet? To be physically active and exercise regularly?

G7. What do you think is the best way to provide information and education about heart health to people in your community?

G8. Do you receive health information from the following?

		Most Often	Sometimes	Rarely	Never
1	Friends and/or family				
2	Providers				
3	Radio				
4	TV				
5	Local English paper				
6	Native-language newspaper or magazines				
7	Flyers, community outreach materials				
8	Brochures, educational materials in doctor's office, etc.				

- G9. We're almost through with the interview. Is there anything else you would like to add?
- G10. We'd like to ask you to look at these pamphlets and tell us if you think it would be useful to have something like it in your native language. (*Show pamphlets and write comments in the space below.*)

Interviewer: Please don't forget to fill in the food questions at the end of this interview.

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

- B4. About how many times was [*insert ethnicity*] food a large part of any of the meals you ate in the past 2 days?
0. None
 1. 1 – 2 meals
 2. 3 – 4 meals
 3. 5 – 6 meals
 4. 7+
 9. N/A
- B5. About how many times was red meat a large part of any of the meals you ate in the past 2 days?
0. None
 1. 1 – 2 meals
 2. 3 – 4 meals
 3. 5 – 6 meals
 4. 7+ meals
 9. N/A
- B6. Generally speaking was the red meat...
1. Extra lean
 2. Lean
 3. "Regular"
 9. N/A
- B7. About how many times was chicken large part of any of the meals you ate in the past 2 days?
0. None
 1. 1 – 2 meals
 2. 3 – 4 meals
 3. 5 – 6 meals
 4. 7+ meals
 9. N/A
- B8. Generally speaking was the chicken...
1. Skinless
 2. With skin
 9. N/A

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

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

Meal calendar

Two Days Before	Today	Day Before
Breakfast	Breakfast	Breakfast
Lunch	Lunch	Lunch
Dinner	Dinner	Dinner
Snacks	Snacks	Snacks

Prompts: Who prepared the food (yourself, microwave, restaurant [McDonalds, Denny’s, Mr. Chau’s, Black Angus])? How was it prepared (e.g., skinless, lean, fatty, fried, baked, dried, canned)? Are these types of foods eaten often (e.g., two eggs and three pieces of bacon every day)?

Checklist: drinks, dairy, protein (red meat, chicken, fish, vegetable protein [tofu, beans, soy products]), vegetables, fruit, ethnic food, snacks

Weekly meal calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
Snacks	Snacks	Snacks	Snacks	Snacks	Snacks	Snacks

Prompts: Who prepared the food (yourself, microwave, restaurant [McDonalds, Denny’s, Mr. Chau’s, Black Angus])? How was it prepared (e.g., skinless, lean, fatty, fried, baked, dried, canned)? Are these types of foods eaten often (e.g., two eggs and three pieces of bacon every day)?

Checklist: drinks, dairy, protein [red meat, chicken, fish, vegetable protein (tofu, beans, soy products)], vegetables, fruit, ethnic food, snacks

APPENDIX C: Interview Guides (Tagalog)

Key Informant Interview Guide

Petsa ngayon:

Oras:

Lugar ng pakikipanayam:

Direksiyon:

Taga-pakinayam:

I. Pangunahing salita

- Maraming salamat sa iyong pag-parito. Sapagkat ikaw ay kinikilalang puno sa komunidad ng _____, inaasahan namin na matutulungan mo kami sa pag-unawa ng mga paniniwala, pag-tingin at mga ugaliin tungkol sa kalusugan ng puso, kabutihan nito at pag-iwas sa sakit sa iyong komunidad. Ka-ugnay rin dito ang ibat-ibang serbisyong pang-kalusugan at pang-komunidad na magagamit mo at ng ibang mga nakatira sa komunidad..
- Itong pag-susuring pang-komunidad ay isinasagawa sa pamamagitan ng Samahang pang-komunidad ng _____ at ng Asian & Pacific Islander American Health Forum. Ang proyektong ito ay pinopondohan ng National Heart, Lung, and Blood Institute upang magparating ng mabisang mensahe at mga programa sa pagpapa-unlad ng kabutihan at kalusugan ng puso sa mga komunidad ng mga Filipino. Ang iyong pag-lahok ay mahalaga dahil sa **IYONG** malalim na kaalaman at kabatiran tungkol sa iyong komunidad.
- Umasa ka na ang iyong natatanging mga komentaryo sa araw na ito ay lihim at hindi ipakikilala ang iyong pangalan sa mga katagang ibibigay mo. Upang matiyak ang iyong di-pagpapakilala at patibayin ang iyong kusang-loob na paglahok sa talakaying ito, mangyari lamang na paki-lagdaan mo ang Pahintulot na iyong ibinibigay.
- Ating basahin ang pahina ng Pahintulot (Ibigay ang kopya ng Pahintulot at isa-isang basahin ang nakasulat doon).
- Bago tayo magsimula, mayroon ka bang gustong itanong o ikomentaryo?

II. Kaalamang demograpico ng kapanayam

Edad:

Kasarian:

Katutubong lahi:

Lupang sinilang-an:

Katutubong wika:

Pambansang pagkamamama-yan saan?

Ilang taon sa United States:

Ano ang papel mo sa komunidad (pormal o hindi)?

Anong samahan/institusyon ang iyong kina-aaniban?

III. Pag-unawa sa komunidad at pinanggagalingan ng kaalaman

1. Una, maaari mo bang ilarawan ang iyong komunidad sa _____?
[Suriin: Karamihan ba ng mga _____ sa komunidad na ito ay matagal ng naninirahan doon?]

[Suriin: Maituturing mo bang isang komunidad ng mga kabataan o di kaya ng mga nakatatanda ang iyong komunidad?]

2. Ano-anong mga salita o diyalekto ang ginagamit ng karamihan sa iyong komunidad, at ano sa palagay mo ang pinaka-mabisa sa mga ito sa pag-bibigay ng kaalaman sa mga naninirahan doon?
3. Gaano ka-sigla ang karamihan sa mga naninirahan sa iyong komunidad na sumapi sa mga samahang katutubo, sa mga simbahan, at sa paglahok sa mga katutubong pagdiriwang at pistahan?

Itanong: Anong samahan, simbahan o katutubong pagdiriwang/pistahan ang gustong puntahan ng mga tao?

Itanong: Ano ang dahilan at itong mga samahan, simbahan at katutubong pagdiriwang/pistahan na mga ito and kanilang pinupuntahan?

4. Sa paanong paraan nakatatanggap ng kaalaman ang mga naninirahan sa iyong komunidad tungkol sa kalusugan? *[Markahan sa mga sumusunod ang binanggit na pinanggagalinga ng kaalaman.]*
 - Pamilya, lalo na iyong mga nagtatrabaho sa mga propesyong bantay-kalusugan
 - Mga kaibigan, lalo na iyong mga nagtatrabaho sa mga propesyong bantay- kalusugan
 - Radyong katutubo
 - Radyong Ingles (lokal)
 - Pahayagang katutubo (sa salitang Ingles o salitang Asian)
 - Pahayagang Ingles (lokal)
 - Telebisiyong katutubo
 - Telebisiyong Ingles (lokal)
 - Pahayagan ng Samahang pang-komunidad
 - Mga “flyers” (programang maka-tao ng komunidad)
 - Mga “brochures” at mga materyales na pangkaalaman sa mga klinika ng mga modernong doctor, “HMO” o iba pang serbisyong bantay-kalusugan
 - Kaalaman mula sa mga katutubong/tradisyonal na manggagamot (halimbawa: nag-aacupuncture)
5. Anong porma ng kaalaman ang mas naka-aakit sa komunidad ng _____ (halimbawa: mga “brochures,” anunsiyo sa TV, anunsiyo sa radyo, video, o tape, atbp.)?
6. Ano ang iyong masasabi tungkol sa sistema ng mga samahan at serbisyong katutubo sa siyudad/bayan ng _____? Maayos ba ang takbo nito? Mayroon bang mga nagkaka-patong-patong na mga pamamalakad sa mga serbisyo at mga pagsisikap ng mga samahan sa komunidad?
7. Ano sa tingin mo ang pinaka-malaking kayamanan ng siyudad/bayan ng _____? Ano naman ang ilan sa mga mahalagang pangangailangan?

IV. Pagtingin sa sakit puso, kalusugang pang-komunidad at kagalingan

- A. Kahulugang pang-kultura ng “prevention” o “pag-iwas”

1. Ano ang kahulugan ng mabuting kalusugan para sa iyo? Mayroon bang mga kwentong-bayan, mga kasabihan o mga simbolo tungkol sa kalusugan sa iyong kultura?
2. Ano ang kahulugan ng katagang “prevention” o “pag-iwas” sa iyong kultura?
3. Ano ang kahulugan sa iyo ng pag-kakasakit o may karandaman? Mayroon bang mga kwentong-bayan, kasabihan o mga simbolo tungkol sa pag-kakasakit o may karandaman sa iyong kultura?

B. Mga pagka-bahala tungkol sa kalusugang pang-komunidad

1. Ano sa palagay mo ang pinaka-matinding banta laban sa kalusugan o kabutihan sa iyong komunidad?
2. Ano sa palagay mo ang limang pinaka-matinding problema (o mga sakit/karamdaman) sa iyong komunidad (halimbawa: diabetes, kanser, atbp.)? Para kanino?

C. Sakit sa puso

Pag-usapan natin ngayon ang sakit sa puso (katulad ng atake sa puso, alta presyon, atake serebral o “stress”/bigat ng kalooban) at ang mga dahilan na nagdadagdag ng pagkakataong magkaroon ng sakit na ito ang isang tao.

1. Kung binanggit at iniranggo, itanong, “Bakit mo iniranggo ang sakit sa puso katulad ng ginawa mo? Kung hindi binanggit, itanong, “Ano ang masasabi mo tungkol sa sakit sa puso?” Kung ipaparis mo sa ibang mga sakit na binanggit at iniranggo mo, gaano ka-halaga ang sakit sa puso sa iyong komunidad?
2. Ano ang pinaka-matinding problemang kaugnay ng sakit sa puso?
3. Ano ang mga paniniwala ng mga tao sa iyong komunidad tungkol sa mga ka-dahilanan ng sakit sa puso?
4. May kilala ka bang may sakit sa puso?
5. Ano ang mga bagay na maaaring gawin ng mga tao upang maiwasan ang pag-kakasakit sa puso?
6. Sa kultura ng _____, ano ang ginagawa ng mga tao upang ingatan ang kanilang puso? Ano ang isinasagisag ng puso sa kultura ng _____? Mayroon bang mga kwentong-bayan o mga kasabihan tungkol sa kalusugan ng puso sa iyong kultura?

D. Alta presyon

1. Ano ang paniniwala ng mga tao tungkol sa alta presyon? [*Suriin: ang ibang mga kataga na naglalarawan ng alta presyon, katulad ng “stress”/bigat ng kalooban.*]
2. Ano ang epekto ng alta presyon sa kalusugan ng katawan?
3. Ano ang dahilan kung kaya’t hindi ma-pigil ng mga tao ang kanilang alta presyon?
4. Ano ang maka-tutulong sa pag-pigil ng mga tao sa kanilang alta presyon?
5. Gaanong maka-totohanan ang nasa ng mga tao sa komunidad sa pag-pigil ng kanilang alta presyon?

E. Kolesterol

1. Ano ang kahulugan ng kolesterol sa ating kultura? Saan nag-sisimula ang kolesterol?
2. Ano ang epekto ng kolesterol sa ating kalusugan?
3. Ano ang magagawa ng mga tao sa pagpapa-baba ng kanilang kolesterol?
4. Ano ang naka-sasagabal sa pagpapa-baba ng kolesterol?
5. Ano ang maka-tutulong sa mga tao sa pagpapa-baba ng kanilang kolesterol?
6. Gaanong maka-totohanan ang nasa ng mga tao sa komunidad sa pagpapa-baba ng kanilang kolesterol?

F. Sobrang timbang/sobrang taba

1. Ano ang kahulugan ng sobrang timbang sa ating kultura? Mayroon bang pag-kakaiba kung sa lalake man o kaya sa babae? Sa iyong palagay ba ang tingin nila sa kulturang Filipino tungkol sa pagkaka-iba sa timbang ng tao ay depende sa edad? [*Suriin: Kung tama lamang na may sobrang timbang ang isang nakatatandang babae kung ipaparis sa isang batang babae?*]
2. Ano ang epekto ng sobrang timbang sa kalusugan natin?
3. May kilala ka bang sobra ang timbang?
4. Ano ang naka-sasagabal sa mga tao sa pag-babawas ng timbang
5. Ano ang maka-tutulong sa mga tao sa pag-babawas ng kanilang timbang?
6. Gaanong maka-totohanan ang nasa ng mga tao sa komunidad na magpanatili ng malusog na timbang?

G. Pag-hithit ng tabako

1. Ano ang tingin ng mga Filipino sa pag-hithit ng tabako? Ano ang epekto ng pag-hithit ng tabako sa ating kalusugan? Paano?
2. Gaanong maka-totohanan ang nasa ng mga tao sa komunidad sa pag-sugpo ng pag-hithit?

H. Pagkain

1. Anong klase ng pagkain ang kadalasang kinakain ng mga Filipino sa mga pistahang espesyal, salo-salong pam-pamilya o mga pagdiriwang?
2. Magkaiba ba o magkapareho ang pagkain ng mga tao sa komunidad ng _____ kung itutulad nuong sila ay nasa Pilipinas pa? Paki-paliwanag lamang. Mas malusog ba ang uri ng pagkain sa U.S. kung ipaparis sa dati? Sa anong paraan?

V. Kilos ng katawan/ehersisyo

1. Kung titingnan mo ang mga Filipino sa komunidad ng ciudad/bayan ng _____, gaano ka-sigla ang kanilang pagkilos?
2. Anong klaseng pagkilos o ehersisyo ang nagsisilbing katuwaan ng mga tao (halimbawa: pag-lalaro, liga ng mga palaro, atbp.)? Anong klaseng pagkilos o ehersisyo ang ginagawa nilang mag-isa (halimbawa: paglalakad sa umaga, pag-takbo)? Anong klaseng pagkilos o ehersisyo ang ginagawa nilang sama-sama sa grupo (halimbawa: pormal na liga ng palakasan, mga klaseng pang-ehersisyo, paghahalamang pang-komunidad, o magka-kasamang naglalakad kung umaga).
3. Anong klaseng pagkilos o ehersisyo ang ginagawa ng mga tao sa kani-kanilang mga bahay (halimbawa: pag-hahalaman, pag-tatabas ng damo sa lawn, pag-lilinis ng bahay)? Anong klaseng pagkilos o ehersisyo ang ginagawa ng mga tao sa kani-kanilang trabaho (halimbawa: mga klub ng mang-lalakad)?
4. Anong klaseng pag-kilos o ehersisyo ang mas gusto ng mga tao sa iyong komunidad?
5. Sa iyong palagay, bakit kaya mabagal kumilos ang mga tao?
6. Ano kaya ang maka-tutulong upang sumigla ang pagkilos ng mga tao? (Gumamit ng “flip chart” o pisara at isulat ang mga kadahilanan kung bakit problema ng mga tao ang pagkilos ng masigla at ang mga paraan upang malunasan ito.)
7. Gaanong maka-totohanan ang nasa ng mga tao sa komunidad na mag-ehersisyo ng 30 minutos sa karamihan ng araw sa loob ng isang linggo?

VI. Mga opsiyon, daan, serbisiyo ng bantay-kalusugan

1. Ano ang gingawa ng mga tao sa komunidad kung sila’y nagkaka-sakit?
2. Sino ang una nilang pinupuntahan? [*Suriin ang sariling pag-gamot, tulad ng pag-gamit ng damong-gamot, ang pag-gamit ng di-niresetang gamot, ang pag-gamit ng gamot ng katutubong kultura ng _____.*]
3. Ano ang inaasahan nila na magagawa ng taong una nilang pinuntahan?
4. Nagpapa-tingin ba ng regular ang mga tao sa komunidad para sa kanilang kalusugan? Kung ganoon, saan sila pumupunta para sa regular na pagpapa-tingin ng kanilang kalusugan?
5. Ano pang ibang paraan ang karaniwang gingawa ng mga tao upang manatili ang kanilang mabuting kalusugan at kabutihan (halimbawa: konsulta sa pari, “acupuncture,” atbp.)?
6. Anong mga serbisyong bantay-kalusugan ang magagamit sa iyong komunidad o kapaligiran?
7. Mayoon bang iba pang mga serbisyong bantay-kalusugan na ginagamit ang mga tao sa komunidad [*Suriin: ang pag-gamit ng katutubong serbisyong bantay-kalusugan, halimbawa: mga tradisyonal na manggagamot, albularyo, atbp.*]?
8. Anong bahagi ng komunidad ang gumagamit ng mga modernong gamot at serbisyong bantay-kalusugan? Anong mga iba pang klase ng serbisyong bantay-kalusugan ang nakikita mong pinagpi-pilian ng mga tao?
9. Sino o anong uri ng kapisanan ang kapani-paniwala sa pag-bibigay ng karunungan tungkol sa bantay-kalusugan at mga serbisiyo?

10. Ano ang mga bagay na nagpapa-hirap sa pag-bibigay ng pag-aalaga at serbisiyong bantay-kalusugan sa mga tao sa komunidad ng _____ (halimbawa: wika, sasakyan, lahi/kultura, seguro, pagtitiwala)?
11. Paanong mahihikayat ang mga tao na gumamit ng mga nakalaang mga pag-alaga/mga serbisiyong bantay-kalusugan sa komunidad?
12. Kung hindi tiniyak, itanong: Mayroon bang “health insurance” o “seguro” ang karamihan sa mga tao sa iyong komunidad? Kung hindi, bakit mo inaakala na ganito ito (halimbawa: magastos, hindi mahalaga, hindi makukuha)?
13. Tanging para sa sakit sa puso, ano sa iyong palagay ang mga kilusan na maaaring paunlarin upang mabawasan ang peligro ng sakit sa puso sa komunidad? Anong mga sangkap ang nararapat na magkaroon ang mga ito? [*Suriin: Ano-anong mga kilusan o programa ang magpapa-himok sa mga tao na gumawa ng mga paraan upang mapababa ang kanilang alta presyon? Anong mga kilusan o programa ang magpapa-himok sa mga tao na mag-ehersisyo ng mas madalas? Upang kumain ng pagkain na kaunti ang taba? Upang kumain ng pagkain na kaunti ang asin? Upang magpa-natili ng malusog na timbang?*]

VII. Mga kagamitang pang-pamamagitan an at pang-iwas sa sakit ng puso

Ngayon gusto naming maalaman ang iyong sagot tungkol sa ilang kagamitang pang-karunungan tungkol sa kalusugan. Ang iyong ibabahagi ay makatutulong sa aming pag-gawa ng mga natatanging kagamitan para sa iyong komunidad. Ibig naming marinig and iyong ina-akala tungkol sa mga kagamitang ito. Hindi namin hinihingi na basahin mo ang mga ito sa ngayon.

Ano ang labis na gusto mo, at bakit? Ano ang labis na hindi mo gusto, at bakit?

VIII. Pag-wawakas

- Tapos na tayo sa ating pag-uusap. Bago tayo mag-hiwahiwalay, mayroon ka bang ibang masasabi o komentaryo tungkol sa mga pinag-usapan natin ngayon?
- Inu-ulit ko, maka-aasa ka na lahat ng iyong i-binahagi sa amin sa araw na ito ay mahigpit na lihim at hindi magpapa-kilala sa iyo. Ang iyong pangalan ay hindi iuugnay sa kaalamang ibinigay ngayong araw na ito.
- Maraming salamat sa iyong pag-parito. Ang kaalamang ibinigay mo ay napaka-halaga. Malaking tulong ang ibinigay mo sa amin.

Indepth Interview Guide

Anim na bahagi ang sisiyasatin:

Bahaging A: Gawaing Pang-aliwan

Bahaging B: Ugaling Pangkain

Bahaging C: Mga Paggamit at Pagkatampak Sa Tabako At Alkohol (Alak)

Bahaging D: Kasaysayang Pang Kalusugan

Bahaging E: Pansarili at Pang-demograpiko Impormasiyon

Bahaging F: Karunungan Pangkalusugan

Bahaging G: Mga Serbisyong Pangkalusugan Sa Komunidad

Tandaan: Ito ay dapat pangasiwaan ng isang sanay na tagapag-panayam sa isang dalawahang pagtalakay. Bawa't samahang pang-komunidad ay kikilalanin at kapapanayamin ang sa sampung kalahok.

Petsa:

Oras Ng Pag-simula:

Lugar/Siudad:

Taga-pakinayam:

Kaalamang demograpico ng tumutugon

Edad:

Kasa-rian:

Katutu-bong lahi:

Lupang tinubu-an:

Katutu-bong wika:

Pambansang pagkamamama-yan saan?

Ilang taon sa United States:

Bilang ng mga may sapat na gulang sa tirahan kasama ang sarili:

Bilang ng mga menor de edad sa tirahan:

Bahaging A: Gaiwaing pang-aliwan

- A1. Gaano ang kahalaga ng gawaing pangkatauhan sa araw-araw para sa iyo?
1. Hindi mahalaga
 2. Medyo mahalaga
 3. Napakahalaga
 9. Walang kasagutan
- A2. Nuong nakaraang buwan, lumahok ka ba sa mga kilos pangkatawan katulad ng paglalakad, basketbol, balibol, paglangoy, paghahalaman, atbp.?
0. Hindi
 1. Oo (*Kung Oo, sagutin ang mga sumusunod pitong katanungan.*)
- A2a. Sabihin mo ang uri ng mga gawaing pangkatawan na iyong nilahukan?
- A2b. Alin sa mga gawaing pangkatawan ang mas malimitmong lahukan?
- A2c. Alin namong mga gawin ang iyon paborito o gustong-gusto?
- A2d. Ang iyong pagkilos ba ay bilang kasapi sa mga liga, mga klase (ng aliwan o sa paaralan) o sa mga ibang pormal na klub?
- A2e. Alin sa mga gawaing iyong binanggit, ang mga kasama mo ay kaibigan, kamag-anak at iba pa?
- A2f. Ano ang mga gawain mong pang katawan sa bahay? (Halimbawa: pag-dala ng labada, pag-akyat sa hagdanan)
- A2g. Ano naman sa trabaho (pag-kilos sa trabaho tulad ng pag-lalakad, pag-bubuhat, pag-gawa)?
- A3. Anong bagay ay nakaka pasigla sa iyo o nakaka pagsigla upang bumilis ang kilos ng iyong pang katawan?
- A4. Ano naman ang nagpapahirap sa iyo upang maging masigla ang iyong?
- A5. Ano naman ang palagay ng iyong mga kababayan sa mga gawaing pang katawan at pang-aliwan? Ito ba ay iba o katulad ng sa Pilipinas haming dito sa Amerika?

Bahaging B: Ugaling pangkain

Patalastas para sa taga-pakinayam: Mangyari lamang na ipakita ang mga pilyego ng kalendaryo (ito ay itutustus). Ipaliwanag na magkasama ninyong titingnan ang kalendaryo habang ikaw ay magtatanong ng tungkol sa pagkain at ibang mga gawi nila. Maaari mong sabihin:

“Ngayon ay tatanungin kita tungkol sa mga pagkain na kinakain mo. Pinakamadali para sa akin ng pag-usapan natin ito habang tumitingin tayong dalawa sa kalendaryo at mag-usap lamang tungkol sa mga kaugaliang pagkain na pang karaniwang kinakain mo. Okey ba sa iyo? Salamat.”

(Tabihan sa upuan ang kalahok kung maaari).

“Una, ang tanong ko ay ano-ano ang kinain mo nitong mga huling araw, kasama yong ngayon? Maaring may kaunting hawa, pero makatutulong ng malaki sa ikalilinaw ng aming pag-unawa ng inyong gana sa pagkain nitong mga huling araw. Subalit ang itatanong ko lamang ay may kinalaman sa mga bagay na inyong parating kinakain.”

(Itatanong ng taga-pakinayam kung ano ang kinain ngayon, kahapon (umaga, tanghali, hapon at gabi), at nuong nakaraang tatlong araw, kasama na rin ang araw ngayon. Habang isinusulat ng taga-pakinayam ang mga pagkain sa kalendaryo, kanyang titiyakin sa kalahok na tamang-tamang ang kaalamang ibinigay.)

(Pagkatapos na maitala ang tatlong araw, magtatanong ang taga-pakinayam ng mga karaniwang tanong habang tinitiyak na mabuti ang kaalamang ibinibigay ng kalahok tungkol sa mga sumusunod na paksa. Gamitin ang dalawang pilyego ng kalendaryo na ibibigay sa inyo):

- Sino ang nagluluto ng pagkain na karaniwang kinakain nila
- Pagkaing katutubong Pilipino (anong klase)
- Butil (uri, limit)
- Karne (paanong pagluto - pinirito sa maraming mantika, pinirito sa kakaunting mantika, siningaw, atbp. - gaano ito kataba?)
- Manok (paanong pagluto - pinirito sa maraming mantika, pinirito sa kakaunting mantika, siningaw, atbp. - gaano ito kataba?)
- Isda (paanong pagluto - pinirito sa maraming mantika, pinirito sa kakaunting mantika, siningaw, atbp. - gaano ito kataba?)
- Mga produktong Soy (paanong pagluto - pinirito sa maraming mantika, pinirito sa kakaunting mantika, siningaw, atbp. - gaano ito kataba?)
- Produktong pagatasan (gatas, itlog - paanong pagluto - gaano ito kataba o di-taba?)
- Gulay (klase at paanong pagluto)
- Prutas (klase)
- Pang Matamis (kendi, cake, atbp.)

Sasabihin ng taga-pakinayam: “Mangyari lang na sagutin ang tungkol sa loob ng isang pangkaraniwang linggo”

(Maaaring gumamit ng mga guhit/palaso upang maipahiwatig ang isang uri ng pagkain sa buong linggo - ito ay idedetalye pag dating sa pag-aaral. Tandaan na itatala ng taga-pakinayam ang mga sagot sa mga katanungan tungkol sa pagkain sa katapusan ng pakikipanayam kasabay man o hindi ang kalahok, depende sa takdang oras. Ito ay batay sa tatlong araw na mga datos.)

Pagkatapos na maitala ang nasabing impormasyon sa mga pilyego ng kalendaryo, ipagpatuloy ang deretsong pagtatanong ng mga sumunod:

- B1. Gaano kahalaga ang magkaroon ng mga pagkaing mababa sa taba?
1. Hindi mahalaga
 2. Bahagyang mahalaga

- 3. Napaka-halaga
- 9. Walang kasagutan
- B2. Maaaring bang banggitin mo ang mga kinaugaliang sangkap na inihahalo mo sa iyong pagkain? Sabihin mo nga ito sa iyong sariling wika? Kung hindi mo mabili ang mga ito, anong uri ng sangkap na “Americano” ang gagamitin mong kapalit?
- B3. Gaano nagbago ang iyong pagkain simula ng tumira ka sa U.S.? Ito ba ay mas malusog o hindi? Paki-tiyakin lang ng mabuti.

Bahaging C: Mga paggamit at pagkatampak sa tabako at alcohol (alak)

- C1. Nagasisigarilyo o nagatabako ka ba? Humihithit o ngumonguya. Paki-tiyakin ang sagot.
 - 0. Hindi
 - 1. O o - Kung Oo, sagutin ang susunod na apat (4) na tanong.
 - 9. Walang kasagutan
- C2. Kung ganoon, gaano katagal ka ng humihithit?
- C3. Kung humihithit ka, gaano kadalas ang iyong pag-hithit?
 - 0. Pambihira - pang-sosyalang espesyal lamang - Kung pambihira, ilang sigarilyo/tabako sa bawat pagkakataon:
 - 1. Paminsan-minsan, mga isang beses sa loob ng isang buwan - mga ilang sigarilyo/tabako sa bawat pagkakataon:
 - 2. Pirmihan, mga ilang beses sa loob ng isang linggo
 - 3. Araw-araw
 - 9. Walang kasagutan
- C4. Sa pangkaraniwan, mga ilang sigarilyo ang hinihithit mo araw-araw
 - 1. 1 – 4 sa sigarilyo
 - 2. 5 – 8 sigarilyo
 - 3. 9 – 12 sigarilyo (mga kalahating kaha)
 - 4. 12 – 16 na sigarilyo
 - 5. 17 – 20 sigarilyo (mga isang kaha)
 - 6. 20 – 40 sigarilyo
 - 7. Mahigit sa 40 sigarilyo (dalawang kaha)
 - 9. Walang kasagutan
- C5. Saan ka malimit na humihithit sa iyong pamamahay?
 - 1. Sa loob ng bahay
 - 2. Sa labas ng bahay
 - 3. Sa ibang puwesto
 - 9. Walang kasagutan
- C6. Simula’t sapol, nakahithit ka na ba ng sigarilyo?
 - 0. Hindi
 - 1. O o
 - 9. Walang kasagutan
- C7. Kung Oo ang sagot, kailan ka huminoto ng pagsisigarilyo _____? Anong paraan o pamamaraan at na ihinto mo ang iyong pagsisigarilyo? (*Kung hinto-balik sa pag*

sisigarilyo, paki-paliwanag ang limit at tagal ng paghinto at pagsisimulang muli ng paghithit.)

- C8. Gaano katagal ka nang humihithit ng sigarilyo _____? Ilan o gaano kalimit kang humihithit sa araw-araw noong nagsisigarilyo ka pa?
- C9. Sino ang pinanggagalingan ng usok ng tabakong nalalanghap mo? (Markahan lahat ng nararapat.)
- Pamilya
 - Mga kaibigan
 - Ka-trabaho/ka-eskwela
 - Mga kliyente/suki
 - Mga taon di-kilala
 - Mga iba
- C10. Ano sa palagay mo ang epekto ng tabako sa iyong kalusugan?
- C11. Ano sa damdam mo ang palagay ng inyong kabaayan sa _____ tungkol sa pasisigarilyo?
- C12. Ano naman ang palagay sa pagtatabako ng mga tao sa Pilipinas? Yaon bang kanilang paniniwala sa paggamit ng tabako o paninigarilyo ay may epekto sa inyo at iyong mga kabayan dito sa _____?
- C13. Ano sa iyong paniwala ang nakakaakit sa mga lalake o babae at mga bata upang humithit ng tabako? (Halimbawa: mga pag-titipontipong sosyal, mgaanunsio sa magasin, mga sinehan, mga pamantayang kultural, atbp.)
- C14. Umiinom ka ba ng alak/alkohol?
- 0. Hindi - Kung hindi, tumalon sa Bahaging D
 - 1. O o
 - 9. Walang kasagutan
- C15. Gaano ka kalimit uminom ng alak (alkohol)?
- 0. Hindi kailanman
 - 1. Pambihira - mga espesiyal na okasyong sosyal - anong uri ng okasyon?
 - 2. Paminsan-minsan, mga isang beses sa loob ng isang buwan
 - 3. Isang beses sa loob ng isang linggo
 - 4. Pirmihan, mga ilang beses sa loob ng isang linggo
 - 5. Araw-araw
 - 9. Walang kasagutan
- C16. Kung uminom ka ng alak, anong alak? Gaano Karami?

Bahaging D: Kasaysayan pang kalusugan

- D1. Gaano ka kataas?
- D2. Ano ang timbang mo?
- D3. Mayroon bang may sakit sa puso sa iyong pamilya?
- 0. Wala
 - 1. O o
 - 9. Walang kasagutan

- D4. May manggagamot bang sinabihan ka na mayroon ka ng sumusunod na mga sakit (Markahan lahat ng nararapat)?
- Diabetes
 - Hypertension (alta presyon)
 - Mataas ang kolesterol (Ilang beses _____?)
 - Atake sa puso
 - Stroke (atake serebral)

KUNG OO ANG SAGOT SA D3 AT D4, MANGYARING SAGUTIN ANG MGA SUMUSUNOD NA APAT NA KATANUNGAN:

- D5. Mayroon ka bang sakit sa puso? Paano nabatid ng iyong pamilya na may sakit ka sa puso?
- D6. Papaano sa akala mo nakuha mo/ng miembro ng pamilya mo ang sakit sa puso?
- D7. Ano ang pang-araw araw mong isinasagawa upong mapangalagaan ang iyong puso? Nagkaroon ba ng pagbabago ang iyong sinabing gawain sa iyong mag-anak? (Alamin ang pamamaraang pangkultura pansarili sa pangangalaga ng puso).
- D8. Mayroon kabang sapat na kalooban o kakayahan na:

	Salahat ng oras	Paminsan-minsan	Pambihira	Hindi kailanman
Mapabab ang presyong ng iyong dugo				
Mapapababa ang iyong kolesterol				
Kumain ng limang pagsilbing prutas at gulay				
Kumaing ng pagkaing mababa sa taba at asin				
Mag-ehersisyo ng 30 minutos sa karamihan ng mga araw sa loob ng isang linggo				
Mapanatili mo ang isang malusog na timbang				

- D9. Ano ng simbulo ng puso sa inyong kultura?
- D10. Ikaw ba ay nasa espesyal na pag-didiyeta (kaunting taba o kaunting asin) na inutos ng doktor? Sinusunod mo ba ito? Bakit o bakit hindi?
0. Hindi
 1. Oo
 9. Walang kasagutan
- D11. Mababahagian mo ba kami ng mga paninging kultural tungkol sa ilang mga sumusunod na paksa? May mga pagkakaiba kaya kung sa lalake o sa babae?
- Mga kadahilanan ng masamang kalusugan o pagkakasakit
 - Pag-iwas sa sakit
 - Sobrang timbang (mabintog) napakataba?
 - Alta presyon
 - Mataas ang kolesterol
 - Kilos pang-katawan
- D12. Ano ang tingin mo sa mga “modernong gamot” [*Suriin ang mga paninging kultural tungkol sa pag-gamit ng mga “modernong gamut.”*]

- D13. Sinusubukan mo bang gamutin ang iyong sarili kapag may sakit ka?
 0. Hindi
 1. Oo
 9. Walang kasagutan
- D14. Kung Oo, ano ang ginagamit mo? (*Alamin kong gumagamit ng gamot galing sa mga dahon ougat ng halaman at kung ang gamot ay galing/bigay ng mga kaibigan.*)
- D15. Gumagamit ka ba ng mga luman paraan ng gamotan tulad ng hilot o albolaryo?
- D16. Saan ka pangkaraniwang pumupunta (kung mayroon man) kung ikaw ay nagkakasakit? Kailan (at para ano) ka pupunta sa isang modernong doktor?
- D17. Mayroon ka bang palagian pinupuntahan na tumitingin sa iyong kalusgan, sino naman ang palagay mong pinupuntahan upang subaybayan ang iyong kalusgan?
- D18. Mayroon bang ibang bagay na palagian mong ginagawa upang mapanatili mo ang iyong kalusgan at mabuting katauhan (Tulad ng masahe, pari, hilot at iba pa)? Bakit o bakit hindi?
- D19. Gaano katindi ang pasanin mo sa iyong buhay?
 1. Hindi matindi
 2. Medyo matindi
 3. Napaka-tindi
 9. Walang kasagutan
- D20. Ano ang pinanggagalingan ng tindi ng pasanin mo sa iyong buhay?
- D21. Ano ang mga ilang ginagawa mo upang paginhawahin ang tindi ng pasanin mo sa buhay?
- D22. Gaano kahalaga sa iyo ang mga gawaing pampaghawha ng tindi ng pasanin sa buhay?
 1. Hindi mahalaga
 2. Medyo mahalaga
 3. Napaka-halaga
 9. Walang kasagutan

Bahaging E: Pansarili at pang-demograpiko impormasyon

- E1. Gaano katagal ka ng naninirahan sa iyong kasalukuyang komunidad? (Bilang ng taon)
- E2. Ilang taong nag-aral, ikaw at ang iyong asawa o kapareha?
- | | Sarili | Asawa |
|------------------------|--------------------------|--------------------------|
| 0. Wala | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. 1 – 8 taon | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 9 – 12 taon | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Teknika/propesyonal | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Pang-kumunidad | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 4-na taon kurso | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Dalubhasa (Masters) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Walang kasagutan | <input type="checkbox"/> | <input type="checkbox"/> |
- E3. Anong uri ang trabaho mo?
 1. Propesyonal/tagapagpaganap
 2. Teknikal
 3. Tagapagbili

4. Katulong ssa pangangasiwa (Halimbawa, klerikal, sekretarya)
 5. Serbisyo
 6. Pang-industriya (pabrika)
 7. Maybahay
 8. Walang trabaho
 9. Sariling negosyo (kalakalan)
 10. Iba (banggitin)
- E3a. Ilang oras ang ginugugol mo sa trabahong may bayad?
- E3b. Ilan ang trabaho mong may bayad?
- E4. Magkano ang kinita ng iyong sambahayan nuong nakaraang taon? (Lahat ng kumita sa iyong sambahayan)
1. <\$5,000
 2. <\$10,000
 3. <\$20,000
 4. <\$40,000
 5. <\$60,000
 6. <\$80,000
 7. <\$100,000
 8. <\$120,000
 9. Mahigit sa \$120,000
 99. Walang kasagutan
- E5a-f. Sino-sino sa iyong kasambahay ang nagsasalita ng iiyong wikang Pilipino?
- Mga bata (bago mag-teenager)
 - Kabataan (teenager)
 - Mga nasa gulang 18 – 30
 - Mga nasa gulang 30 – 45
 - Mga nasa gulang 45 – 60
 - Mga nakatatanda mahigit sa 61
- E6a-f. Sino sa inyong kasambahay ang nagsasalita ng ingles (Markahan lahat ng nararapat)?
- Mga bata (bago mag-teenager)
 - Kabataan (teenager)
 - Mga nasa gulang 18 – 30
 - Mga nasa gulang 30 – 45
 - Mga nasa gulang 45 – 60
 - Mga nakatatanda mahigit sa 61
- E7. Ikaw ba o sino man sa sambahayan mo ay kasangkot o miembro ng isang katutubong samahan/kapisanan?
0. Hindi
 1. Oo
 9. Walang kasagutan
- E8. Mayroon ka bang segurong pang-kalusugan? Kung mayroon, kanino?
0. Hindi
 1. Oo
 9. Walang kasagutan

Bahaging F: Karunungan pangkalusugan

- F1. Kung nanganga-ilangan ka ng payo o impormasyon tungkol sa pang-lunas gamot, kanino ka malimit magtanong or pumupunta?
- F2. Saan ka kumukuha impormasiyong pang kalusugan?
- F3. Gaano ka-halaga ang magkaroon ng palagian peryang pangkalusugan sa iyong kumunidad?
1. Hindi mahalaga
 2. Medyo mahalaga
 3. Napaka-halaga
 9. Walang kasagutan
- F4. Nakadalo ka na ba ng peryang kumunidad pangkalusugan (alamin kung ilang tao ang dumalo sa peryang nabanggit)?
0. Hindi
 1. Oo
 9. Walang kasagutan
- F5. Gaano ka-halaga ang magkaroon ng mga “brochure,” polyeto, bidyo, tape sa sariling wika?
1. Hindi mahalaga
 2. Medyo mahalaga
 3. Napaka-halaga
 9. Walang kasagutan
- F6. Gaano ka-halaga ang magkaroon ng programa ng karunungan pang-kalusugan sa sariling wika?
1. Hindi mahalaga
 2. Medyo mahalaga
 3. Napakahalaga
 9. Walang kasagutan
- F7. Gaano kalimit kang bumabasa o nagaaral ng mga impormasyon tungkol sa kalusugan?
0. Pambihira
 1. Kung mayroong diperensya ang isang kaibigan o kamag-anak
 2. Kung ako’y may diperensya
 3. Para sa panlahat na kaalaman at kabatiran
 9. Walang kasagutan

Bahaging G: Mga serbisyong pangkalusugan sa komunidad

- G1. Pinayuhan ka na ba ng iyong doktor/planong pang-gamot (medical plan) na ikaw ay magpa? (Markahan ang nararapat)
- Eksamen ng kolesterol
 - Eksamen ng presyon ng dugo
 - Eksamen ng asukal sa dugo
 - Electrocardiogram, atbp.
 - Iba pa

- G2. Anong mga suliranin mayroon ka sa pagkuha ng tulong panggamot o lingkod/serbisyong pangkalusugan?
- G3. Ngayon, gustong kong itanong sa iyo ang tungkol sa mga serbisyo sa komunidad ng mga Pilipino. Ano-anong klase ng serbisyo ang magagamit ng mga tao sa komunidad mga Pilipino upang sila’y mamuhay ng mas malusog?
- G4. Ano sa mga ito ang pinaka-madalas na gamitin? Bakit?
- G5. Anong klase ng mga serbisyong pang-komunidad ang makatutulong sa pagpapanatili ng malusog na pagkain? Para naman maging masigla ang pangangatawan at mag-ehersisyong palagi?
- G7. Ano sa iyong akala ang pinaka-mabuting paraan sa pag-bibigay ng kaalaman at karunungan tungkol sa kalusugan ng puso sa mga tao sa iyong komunidad?
- G8. Tumatanggap ka ba ng impormasyon pang-kalusugan sa mga sumusunod:

		Kadalasan	Paminsan-minsan	Pambihira	Hindi Kailanman
1	Kaibigan/Pamilya				
2	Tagabigay-alagang kalusugan				
3	Radyo				
4	TV				
5	Diaryong Lokal sa Ingles				
6	Mga Pahayagan/Magasin sa sariling wika				
7	Mga “flyers” - pogramang maka-taong pang-komunidad				
8	Babasahin pang kaalaman impormasyon sa opisina ng doctor at ibapa				

- G9. Malapit na tayong mag-wakas ng ating pakikipanayam. Mayroon ka pa bang ibang gustong idagdag?
- G10. Maaari bang paki-tingnan mo ang mga polyetong ito at sabihin mo sa amin kung sa iyong palagay ay makakatulong kung ito ay nasa sariling wika mo. (Ipakita ang mga polyeto at isulat ang mga komentaryo sa dakong ibaba dito).

Taga-pakinayam: Mangyari lamang na huwag kalilimutang punuin ang sagot sa mga tanong tungkol sa pagkain sa katupusan ng pakiki-panayam.

Sa pagtatapos ng pakiki-panayam, bibilugan ng taga-panayam ang kasagutan sa sumusunod na mga codigo.

- B4. Mga ilang beses nuong nakaraang linggo nangyari na ang malaking bahagi sa mga pagkaing kinain mo ay katutubong pagkain ng _____?
0. Wala
 1. 1 –2 pagkain
 2. 3 – 4 na pagkain
 3. 5 – 6 na pagkain

4. Mahigit sa 7 pagkain
9. Walang kasagutan
- B5. Mga ilang beses nuong nakaraang linggo nangyari na ang malaking bahagi ng mga pagkaing kinain nila ay karne?
0. Wala
1. 1 – 2 pagkain
2. 3 – 4 na pagkain
3. 5 – 6 na pagkain
4. Mahigit sa 7 pagkain
9. Walang kasagutan
- B6. Sa karaniwang usapan, ang karne ba ay _____?
1. Labis na di-mataba
2. Di-mataba
3. “Regular”
9. Walang kasagutan
- B7. Mga ilang beses nuong nakaraang linggo nangyari na ang malaking bahagi ng mga pagkaing kinain nila ay manok?
0. Wala
1. 1 – 2 pagkain
2. 3 – 4 na pagkain
3. 5 – 6 na pagkain
4. Mahigit sa 7 pagkain
9. Walang kasagutan
- B8. Sa karaniwang usapan, ang manok ba ay _____?
1. Walang balat
2. May balat
9. Walang kasagutan
- B9. Mga ilang beses nuong nakaraang linggo nangyari na ang malaking bahagi ng mga pagkaing kinain nila ay isda?
0. Wala
1. 1 – 2 pagkain
2. 3 – 4 na pagkain
3. 5 – 6 na pagkain
4. Mahigit na 7 pagkain
9. Walang kasagutan
- B10. Mga ilang beses nuong nakaraang linggo nangyari na ang malaking bahagi ng mga pagkaing kinain nila ay ma-protinang gulay (tofu, bins, mga produktong Soy)?
0. Wala
1. 1 – 2 pagkain
2. 3 – 4 na pagkain
3. 5 – 6 na pagkain
4. Mahigit na 7 pagkain
9. Walang kasagutan
- B11. Mga ilang beses nuong nakaraang linggo nangyari na ang malaking bahagi ng mga pagkaing kinain nila ay mga produktong pagatasan?
0. Wala

1. 1 – 2 pagkain
 2. 3 – 4 na pagkain
 3. 5 – 6 na pagkain
 4. Mahigit na 7 pagkain
 9. Walang kasagutan
- B12. Sa karaniwang usapan, ang mga produktong gatas, keso, atbp., na ginagamit ba nila ay.
1. Walang taba (halimbawa: “skim milk”)
 2. Kakaunting taba (halimbawa: “2% fat milk”)
 3. Todo ang taba (halimbawa: “whole milk”)
 9. Walang kasagutan
- B13. Mga ilang beses nuong nakaraang linggo nangyari na ang malaking bahagi ng mga pagkaing kinain nila ay itlog?
0. Wala
 1. 1 – 2 pagkain
 2. 3 – 4 na pagkain
 3. 5 – 6 na pagkain
 4. Mahigit na 7 pagkain
 9. Walang kasagutan
- B14. Mga ilang pag-silbi ng gulay na bahagi ng kanilang pagkain ang kinain nila nuong nakaraang linggo?
0. Wala
 1. 1 – 2 pagkain
 2. 3 – 4 na pagkain
 3. 5 – 6 na pagkain
 4. Mahigit na 7 pagkain
 9. Walang kasagutan
- B15. Sa karaniwang usapan, ang mga gulay ba ay _____?
1. Tuyoy
 2. De-lata/sa garapon
 3. Sariwa
 9. Walang kasagutan
- B16. Ano-anong mga klase ng gulay ang kanilang kinakain (halimbawa: bins, karot, remolatsas, atbp.)?
- B17. Mga ilang pag-silbi ng prutas ang kanilang kinain nuong nakaraang linggo?
0. Wala
 1. 1 – 2 pagkain
 2. 3 – 4 na pagkain
 3. 5 – 6 na pagkain
 4. Mahigit na 7 pagkain
 9. Walang kasagutan
- B18. Sa karaniwang usapan, ang prutas ba ay _____?
1. Tuyoy
 2. De-lata/sa garapon
 3. Sariwa
 9. Walang kasagutan

- B19. Ano-anong klase ng prutas ang kinakain nila (halimbawa: saging, mansanas, atbp.)?
- B20. Sa karaniwang usapan, sino ang naghahanda ng mga pagkain na kinakain nila?
1. Sarili
 2. Iba, sa mismong sambahayan
 3. Iba, hindi restoran
 4. Sa restoran
 5. Walang kasagutan
- B21. Sa karaniwang usapan, ang pag-kain ba nila ng karne, manok, isda at gulay ay inihanda bilang bahagi ng katutubong pagkain?
0. Hindi
 1. Oo
 2. Walang kasagutan
- B22. Anong mga pagkaing kakanin ang paborito nila (halimbawa: kendi, “chips,” kukis, “cake,” prutas)?
- B23. Mga ilang merienda ang kinakain nila sa isang araw?
0. Wala
 1. 1 – 2 merienda
 2. 3 – 4 merienda
 3. Mahigit sa 5 merienda
 9. Walang kasagutan

Isang karaniwang

Kamakalawa	Kahapon	Ngayon
Almusal	Almusal	Almusal
Pananghalian	Pananghalian	Pananghalian
Hapunan	Hapunan	Hapunan
Merienda	Merienda	Merienda

Ididikta: Sino ang naghanda ng pagkain (ang sarili, microwave, restaurant [McDonalds, Denny’s, Mr. Chau’s, Black Angus)? Paano ang paghanda (halimbawa: binalatan, di-mataba, mataba, prito, ihurno, tuyo, delata)? Madalas bang kainin ang mga klase ng pagkaing ito (halimbawa: 2 itlog at 3 piraso ng tusino araw-araw)?

Paalalang listahan: inumin, produktong pagatasan, protina (karne, manok, isda, maproteinang gulay [tofu, bins, produktong soy]), gulay, prutas, pagkaing katutubo, kakanin

Isang karaniwang linggo

Linggo	Lunes	Martes	Miercoles	Huwebes	Biernes	Sabado
Almusal	Almusal	Almusal	Almusal	Almusal	Almusal	Almusal
Pananghalian	Pananghalian	Pananghalian	Pananghalian	Pananghalian	Pananghalian	Pananghalian
Hapunan	Hapunan	Hapunan	Hapunan	Hapunan	Hapunan	Hapunan
Merienda	Merienda	Merienda	Merienda	Merienda	Merienda	Merienda

Ididikta: Sino ang naghandang pagkain (ang sarili, microwave, restaurant [McDonalds, Denny's, Mr. Chau's, Black Angus])? Paano ang paghanda (halimbawa: binalatan, di-mataba, mataba, prito, ihurno, tuyo, delata)? Madalas bang kainin ang mga klase ng pagkaing iito (halimbawa: 2 itlog at 3 piraso ng tusino araw-araw)?

Paalalang listahan: inumin, produktong pagatasan, protina (karne, manok, isda, maproteinang gulay [tofu, bins, produktong soy]), gulay, prutas, pagkaing katutubo, kakanin

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