

# OUR HEALTH, OUR COMMUNITY

*Kalusugan ng Bayan*

A CLOSER LOOK AT CHRONIC DISEASE AMONG  
FILIPINOS IN SAN FRANCISCO

ITIB31A 30 000A



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FILIPINOS IN SAN FRANCISCO**



**SOUTH OF MARKET COMMUNITY ACTION NETWORK (SOMCAN)  
2020**



# ACKNOWLEDGEMENTS



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## Community Health Ambassadors

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Annie Constantino	Glesaree Valdez
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Natividad Galinato	Cedree Wheeler
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Justin Pacho	

## Participating Organizations

Many thanks to the following community-based organizations that provided valuable support and outreach for this project:

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Bayanihan Equity Center  
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Filipino Mental Health Initiative  
Filipino Service Providers Network  
Galing Bata sa Filipino Education Center  
Pilipino Senior Resource Center  
San Francisco Public Health Foundation  
SOMA Pilipinas  
South of Market Community Action Network (SOMCAN)  
Tenderloin Neighborhood Development Corporation  
United Playaz  
West Bay Filipino Multi-Service Center

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# TABLE OF CONTENTS

## 5 Executive Summary

## 10 Introduction

## 13 Methodology

## 19 Survey Results

19 Chronic Illnesses

23 Lifestyle & Behavior - Tobacco, Alcohol, Sugary Drinks & Water Consumption

25 Other Community Issues - Mental Health, Housing, Safety & Community Resources

## 29 Focus Group Findings

29 Chronic Diseases Are Prevalent and Serious Among Filipinos

30 Chronic Diseases Negatively Impact Quality of Life & Relationships

32 Caregivers Have Many Roles and Challenges

36 Community Has Knowledge of Individual Risk Factors and Less Awareness of Social & Economic Factors

40 Community Centers Are Valuable Sources of Support

## 42 Recommendations

42 Provide Comprehensive and Culturally Relevant Health Education

43 Expand Existing Social Services & Community Resources

44 Advocate for City & County Agencies to Prioritize & Improve Community Health

## 46 References

## 48 Appendices

48 Appendix A: Survey Tool (Filipino)

59 Appendix B: Survey Tool (English)

69 Appendix C: Focus Group Questions (Filipino)

70 Appendix D: Focus Group Questions (English)

# EXECUTIVE SUMMARY

**F**ilipino Americans are experiencing disproportionate rates of chronic health conditions such as hypertension, cardiovascular diseases, type 2 diabetes, and overweight/obesity, compared to their White and Asian counterparts. While public health studies on Filipino Americans and chronic diseases are available, the body of research is limited and comprehensive health data among Filipinos in San Francisco is lacking.

A **community health assessment** was conducted to help the **South of Market Community Action Network (SOMCAN)** better understand chronic diseases among Filipinos in San Francisco. The assessment utilized both quantitative and qualitative methods including surveys and focus groups. The purpose of the community health assessment was to understand Filipino Americans' knowledge, attitudes, and behaviors specific to chronic diseases, as well as their experiences and recommendations for improving community health. The assessment also inquired about social and environmental factors that support health -- including access to adequate and affordable housing, healthy foods, and community infrastructure such as open space and community centers. Assessment data will inform SOMCAN's health and wellness programs, and can drive policy advocacy strategies to improve the health and well-being of Filipino residents of San Francisco.



SOMCAN Community Health Ambassadors

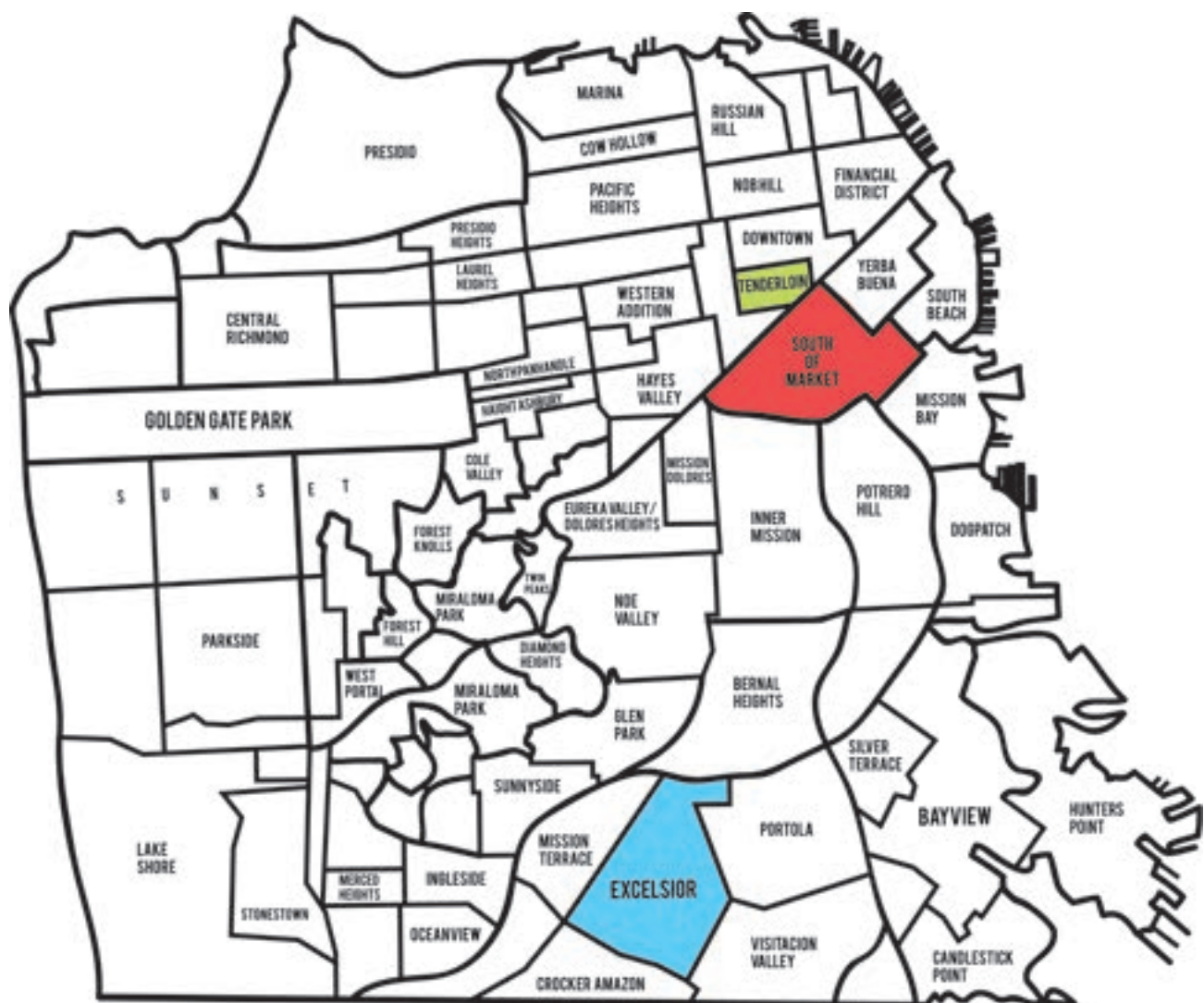


# HOW DATA WAS GATHERED

A total of 300 online and paper surveys were completed over a three month period.

The survey was provided in Tagalog and English and gathered self-reported health data, behaviors, and attitudes. Surveys were disseminated by trained community health ambassadors and through electronic platforms including email, listservs, and social media.

To help understand Filipinos' experiences with chronic conditions, two focus groups were conducted in May 2020 using a web communications platform. The 18 focus group participants represented the San Francisco neighborhoods of the *South of Market*, *Tenderloin*, and *Excelsior*. Qualitative data from these focus groups revealed valuable information about Filipino Americans' experiences with chronic diseases, challenges, and community support.



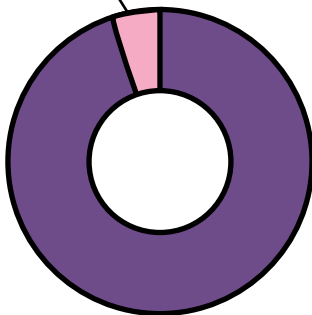
# WHAT WAS LEARNED

From the community health survey data, *demographics and health characteristics* reveal that:

SURVEY RESPONDENTS PRIMARILY RESIDE WITHIN ZIP CODES 94102, 94103, 94112, REPRESENTING THE TENDERLOIN, SOUTH OF MARKET, AND EXCELSIOR NEIGHBORHOODS, RESPECTIVELY.

Tenderloin	94102
South of Market	94103
Excelsior	94112

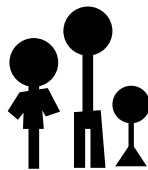
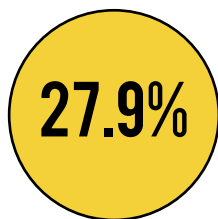
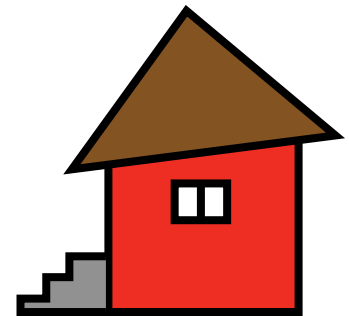
6% SPEAK OTHER DIALECT



94%  
SPEAK  
ENGLISH  
+  
TAGALOG

BILINGUAL SPEAKERS OF ENGLISH AND TAGALOG MADE UP AN OVERWHELMING MAJORITY (94%), WHILE 6% SPOKE ANOTHER FILIPINO DIALECT.

Over a quarter (77.3%) are renters, and a small percentage (5%) reported experiencing homelessness.

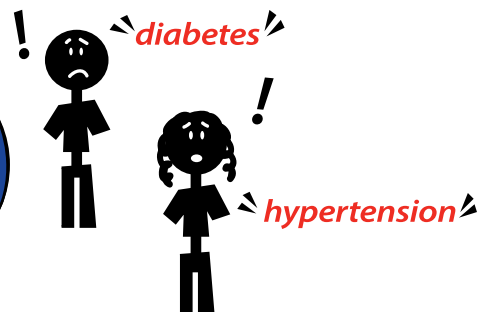
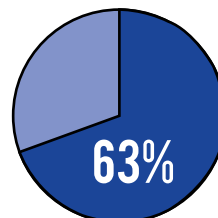


COMBINED HOUSEHOLD INCOME OF

\$49,000 OR LESS

LESS THAN A THIRD (27.9%) HAVE A COMBINED HOUSEHOLD INCOME OF \$49,000 OR LESS.

ALMOST TWO THIRDS (63%) HAVE A FAMILY HISTORY OF CHRONIC HEALTH CONDITIONS WITH DIABETES AND HYPERTENSION BEING THE MOST PREVALENT.



To learn more about Filipinos' experiences with chronic diseases, two facilitated focus groups were conducted. Five major findings were identified from our conversations:

### **Chronic Diseases are Prevalent and Serious Among Filipinos**

Many Filipinos exhibit preventable chronic health conditions such as hypertension, diabetes, and cardiovascular diseases with diagnoses lasting for several decades, requiring medical interventions, or resulting in serious complications.

### **Chronic Diseases Negatively Impact Quality of Life & Relationships**

Living with a chronic disease affects an individual's physical abilities, such as limiting routine activities and social interactions. These changes over extended periods of time can negatively impact an individual's emotional well-being and affect their relationships with others. All of these effects have been amplified during the COVID-19 pandemic, as a result of shelter-in-place and social distancing guidelines.

### **Caregivers Have Many Roles and Challenges**

Younger family members are the primary caregivers for elder Filipinos experiencing chronic health conditions and this dynamic can create conflicts within the parent-child relationship. Caregivers are also burdened with managing all aspects of their family members' health, particularly administering multiple medications that can change over time.

### **Community Has Knowledge of Individual Risk Factors, and Less Awareness of Social & Economic Factors**

Individual risk factors such as lifestyle, knowledge, and genetics were reported as contributing factors to Filipinos' chronic health conditions. These included poor diet; limited knowledge and awareness of chronic diseases, signs/symptoms, and preventative measures; lack of exercise; alcohol and tobacco use; and hereditary factors.

Immigration and acculturation were identified as social factors that may impact chronic diseases among Filipinos. For the most part however, social and economic factors were rarely mentioned suggesting a limited awareness of social determinants.

### **Community Centers Are Valuable Sources of Support**

District 6 residents have access to, utilize, and are pleased with the services provided at senior centers and community organizations in their neighborhood. These agencies provide opportunities for social and physical activities, as well as offer health education and basic needs.



# RECOMMENDATIONS

Based on the survey and focus group findings, potential solutions and next steps to prevent and address chronic health conditions among Filipino residents of San Francisco include:

## ◆ Provide Comprehensive and Culturally Relevant Health Education

- Filipino residents want free community classes open to people of all ages that are culturally and linguistically relevant spanning: nutrition, healthy cooking, and mindful eating; chronic disease prevention, management, healthy ways to cope, and when to call 911; emotional health; and physical activities.
- Community members would like educational materials and resources (flyers, booklets, videos, websites) in Filipino about Chronic diseases.

## ◆ Expand Existing Social Services & Community Resources

- Filipinos in District 6 utilize neighborhood and public resources such as senior centers, community-based organizations, and Medi-Cal/Medi-Caid that provide important health and social services. Programs and services must be expanded outside of the downtown area to reach Filipinos in District 11.
- These resources should scale up to also provide support for caregivers, offer mental health services, ensure equitable language access, and support access and eligibility to publicly-funded health insurance programs.

## ◆ Advocate for City & County Agencies to Prioritize & Improve Community Health

- Community members have expressed that City & County Agencies should:
  - Increase access to healthy and traditional Filipino foods (i.e. grocery stores, farmer's markets, restaurants)
  - Maintain and expand parks and open spaces to promote exercise and recreation
  - Address issues of safety, affordable housing, and homelessness
  - Support collaborative partnerships between City & County agencies and Filipino-serving organizations to provide culturally and linguistically relevant and culturally competent health promotion activities and practices, health fairs, chronic disease prevention and education, and screening.



# INTRODUCTION

The Centers for Disease Control and Prevention (CDC) (2019) defines chronic diseases as “conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both.” Chronic diseases include heart disease, cancer, chronic lung disease, stroke, Alzheimer’s, diabetes, and kidney disease. In the United States (U.S.), diabetes, heart disease, and cancer are the leading causes of death and disability, and account for \$3.5 trillion dollars in health care costs. Individual risk factors for chronic diseases include excessive alcohol use, poor nutrition, lack of physical activity, and tobacco use. Limiting these behaviors, as well as addressing the social and economic environments which shape people’s choices, can reduce the risk of developing chronic diseases.

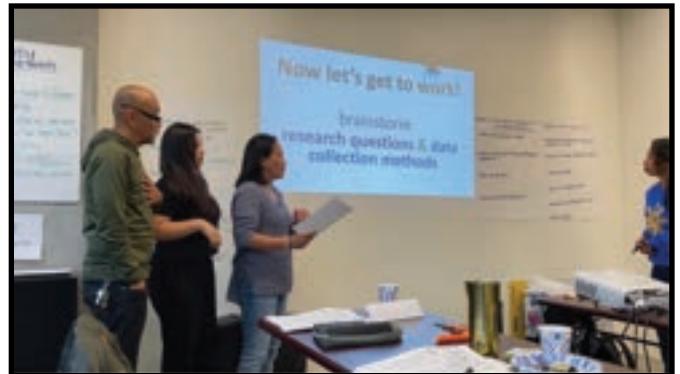
In the wake of the novel coronavirus (COVID-19), the CDC (2020a, 2020b) has found that groups more at risk of developing serious illnesses and complications from COVID-19 include older adults, people with underlying health conditions, as well as racial and ethnic minorities. If infected with COVID-19, people with chronic diseases such as asthma, kidney disease, chronic lung disease, diabetes, serious heart disease, and obesity face a greater risk of extreme sickness and complications resulting from the coronavirus. As a racial and ethnic minority group that disproportionately experiences chronic diseases, Filipino Americans are presented with the challenge of potential COVID-19 complications.

## Filipinos & Chronic Diseases

Filipino Americans (FAs) are disproportionately impacted by chronic diseases such as hypertension (HTN), cardiovascular diseases (CVD) including heart attacks and strokes, type 2 diabetes (T2D), and overweight/obesity. FAs have the highest rate of experiencing multiple chronic conditions (23%) compared to all other Asian ethnic groups, and the rate for FAs is just slightly lower than the U.S. total (24.1%) (Bloom & Black, 2016). When compared to other Asians or whites, FAs are 18% more likely to have HTN (Ye, Rust, Baltrus, & Daniels, 2009). FAs experience high prevalence and high mortality rates due to CVD and diabetes. Less than a third of all FAs have CVD (Carlisle, 2014), and FAs are diagnosed with diabetes 8.4 years earlier than whites (Becerra & Becerra, 2015). The Office of Minority Health (2020) reports that FAs are 70% more likely to be obese compared to all other Asians, and FAs have the second highest rate of overweight (33%) among all Asian ethnic groups, and the highest rate of obesity (14%). Filipino Americans are one of the fastest growing Asian groups in the United States, nearly doubling its population size from approximately 2 million FAs in 2000 to almost 4 million in 2015 (Pew Research Center, 2019). The metropolitan San Francisco (SF) Bay Area has the second largest number of FAs residing in the U.S., after Los Angeles (Pew Research Center, 2019). According to American Community Survey 5-year estimates, FAs are the second largest Asian American group in SF with approximately 38,123 residents (U.S. Census Bureau, 2018).

# INTRODUCTION

Limited published research exists focusing on the health of Filipino Americans. Using PubMed, the National Library of Medicine's public health literature database, with the search terms, "Filipino" and "chronic diseases," yielded 143 results compared to a similar search with "Blacks," and "chronic diseases" (9385 articles), and "Chinese," and "chronic diseases" (25,396 articles). While formal health assessments have been conducted looking at FAs in other regions such as Las Vegas, Philadelphia, and New York, we are unaware of any published health assessments that focus primarily on chronic diseases among FAs in San Francisco (Ghimire, Cheong, Sagadraca, Chien, & Sy, 2018; Bhimla, 2017; Center of the Study of Asian American Health, 2007). This community health assessment aims to fill this gap, and intends to collect data and information that will support community strategies and policy recommendations to improve the health and lives of Filipino Americans in San Francisco.



**"FIL-AMS HAVE THE HIGHEST RATE OF EXPERIENCING MULTIPLE CHRONIC CONDITIONS (23%) COMPARED TO ALL OTHER ASIAN ETHNIC GROUPS."**

## Study Description and Purpose

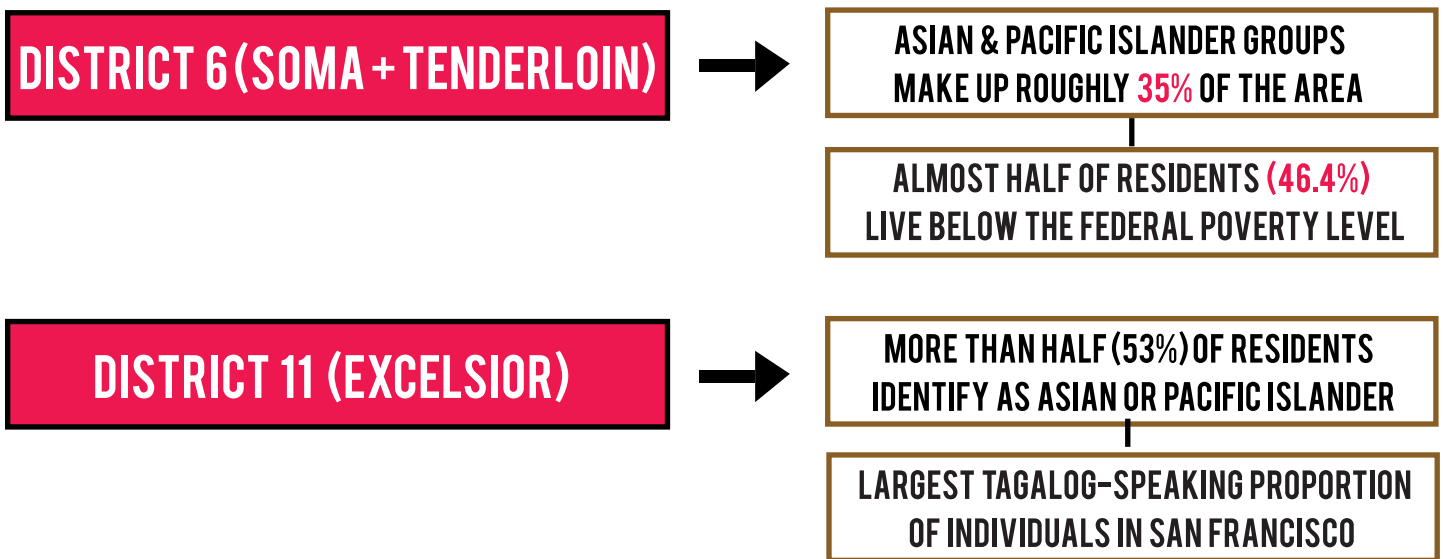
The purpose of this community health assessment is to better understand FA's knowledge, attitudes, behaviors, as well as environmental factors, that increase and lower their risk for chronic diseases such as HTN, CVD, T2D, and overweight/obesity. Specifically, this project looks at Filipino Americans in San Francisco's South of Market (SOMA), Tenderloin, and Excelsior neighborhoods. The assessment utilizes a mixed methods approach, collecting and analyzing both survey and focus group data. Assessment findings aim to: 1) guide the development of SOMCAN's community health and wellness activities, as well as culturally appropriate chronic disease prevention and educational materials in English and Filipino; and 2) inform the organization's policy advocacy and environmental strategies.

**"... TO IMPROVE THE HEALTH AND LIVES OF FILIPINO-AMERICANS IN SAN FRANCISCO."**

# INTRODUCTION

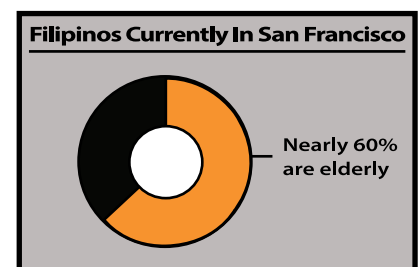
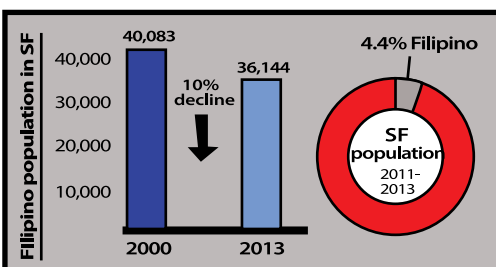
## Filipinos in San Francisco

This project focuses on Filipino American residents in the SOMA, Tenderloin, and Excelsior neighborhoods. District 6, which encompasses both the SOMA and Tenderloin, has a median household income of \$37,431, one of the lowest in SF, and almost half of all residents (46.4%) live below the federal poverty level - - double the rate of SF overall (SF Food Security Task Force, 2013). Asian and Pacific Islander groups make up roughly 35% of the area (SF Department of Public Health [SFDPH], 2018a), and in 2017, SOMA Pilipinas was designated by the State of California as a cultural heritage district for Filipinos in Northern California. The Excelsior neighborhood, primarily represented by District 11, has more than half (53%) of its residents who identify as Asian or Pacific Islander and has the largest Tagalog-speaking proportion of individuals in the city - - three times the overall rate of SF (SFDPH, 2018b).



### The Filipino community in San Francisco is underserved, under resourced, and lacking in support.

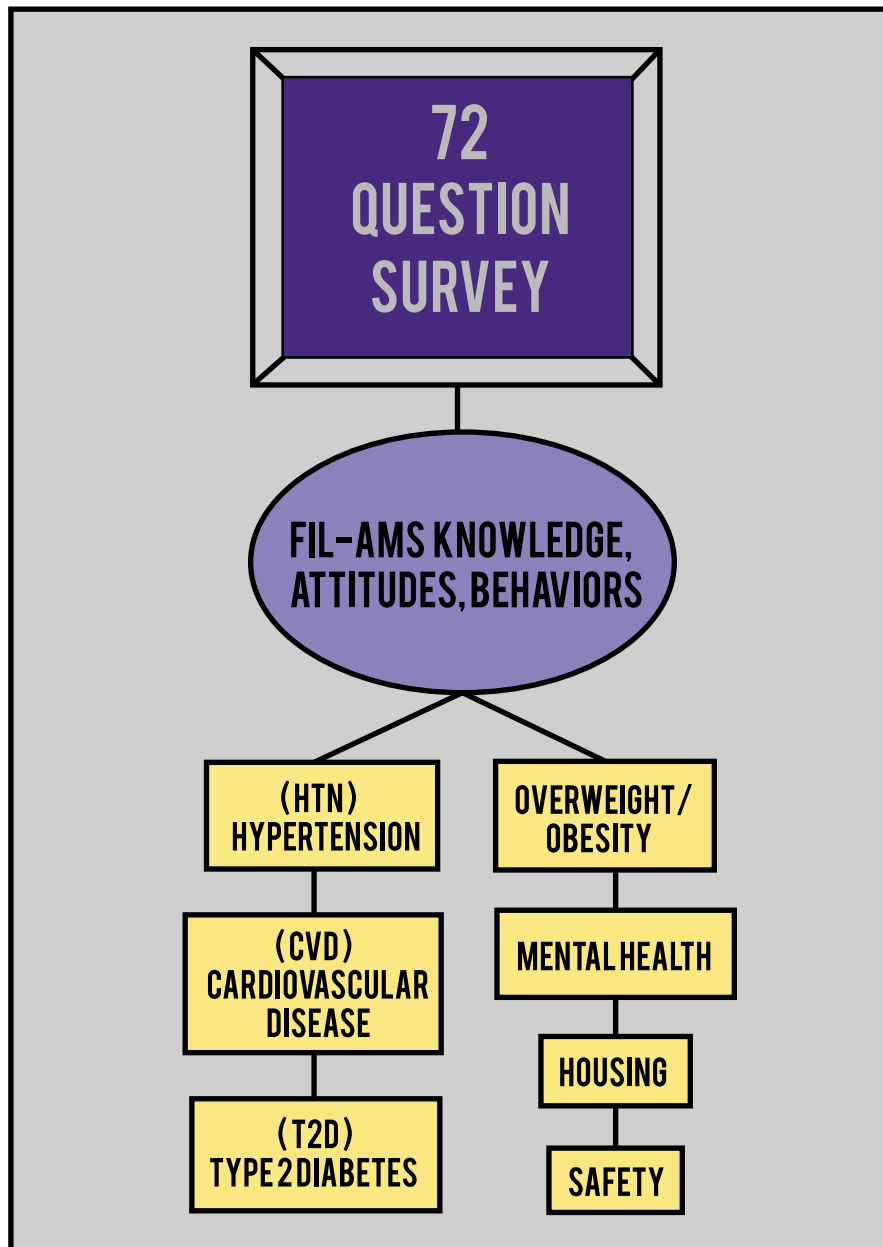
The overall number of Filipinos declined by nearly 10% from 2000 to 2013 (from 40,083 to 36,144), with Filipinos making up 4.4% of the citywide population in the 2011-2013 American Community Survey. Nearly 60% of Filipinos are elders and nearly 10% of Filipinos are below the poverty line. There are over 10,000 Tagalog-speaking, limited English proficient (LEP) Filipino residents; in other words, 1 out of every 4 Filipinos is LEP. Since 2014, Filipino has been a required language for city services, but interpretation and translation are not always easily available, hampering communication or delaying services.



# METHODOLOGY

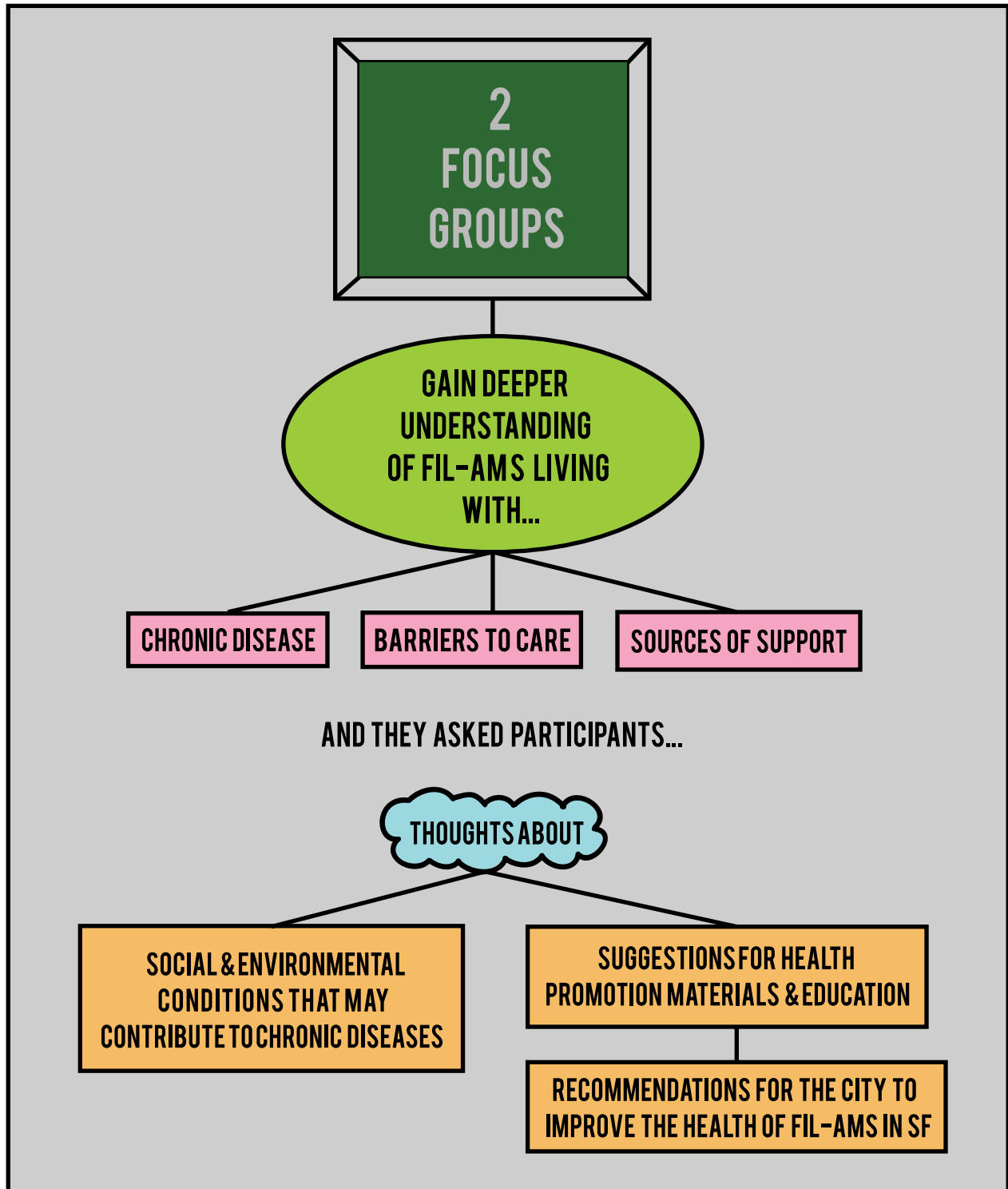
This assessment utilized mixed methods, collecting and analyzing both quantitative and qualitative data from a 72-question survey and two focus groups, respectively.

The purpose of the survey was to gather data about San Francisco Filipino Americans' knowledge, attitudes, and behaviors specific to chronic diseases such as HTN, CVD, T2D, and overweight/obesity, as well as learn about other community issues including mental health, safety, and housing.



# METHODOLOGY

The focus groups intended to gain a deeper understanding of Filipino Americans' experiences living with a chronic disease, barriers to care, and sources of support, as well as their thoughts about social and environmental conditions that may contribute to chronic diseases. The focus group questions also asked participants about their suggestions for health promotion materials and education, in addition to their recommendations for the City to improve the health of FAs in San Francisco.



## Surveys

Surveys were chosen to gather a large amount of health data from FA residents in San Francisco. A total of 72 questions were developed by the research team in consultation with SOMCAN staff with a specific focus on chronic diseases, as well as other community health issues such as mental health, safety, and housing. Paper and online versions of the survey were disseminated in English and Filipino, and completed by a total of 300 respondents over a three month period.

Nine Community Health Ambassadors (CHAs), who participated in an 8-hour training in public health frameworks and community-based participatory action research, conducted outreach to the Filipino community to implement and complete the paper surveys. All of the CHAs are Filipino-speaking, and are active in and have strong ties to the Filipino community. The nine CHAs included transitional-aged youth, adults, and seniors. In addition, the online survey was distributed via SOMCAN's electronic newsletter, the organization's email listserv, and their social media platforms. The research team also emailed Filipino-serving community-based organizations to help with outreach. A gift card was offered as an incentive for community members to complete the survey. Data was compiled using an online survey platform, and analyzed with descriptive statistics.



# METHODOLOGY

## Survey Sample

### Sexual Orientation

85.7% identify as heterosexual as their sexual orientation, while 9.7% identify as LGBTQ+.

### Zip Code

Survey results show that the majority of respondents typically reside from the zipcodes: 94102, 94103, 94112. These zip codes represent the **Tenderloin, South of Market, and Excelsior** neighborhoods, respectively.

### Gender & Age

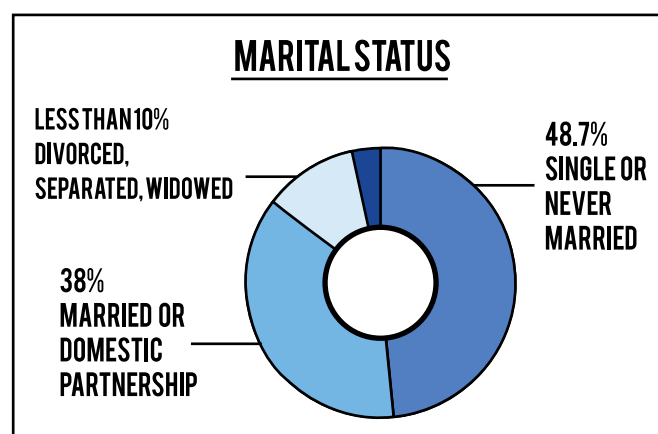
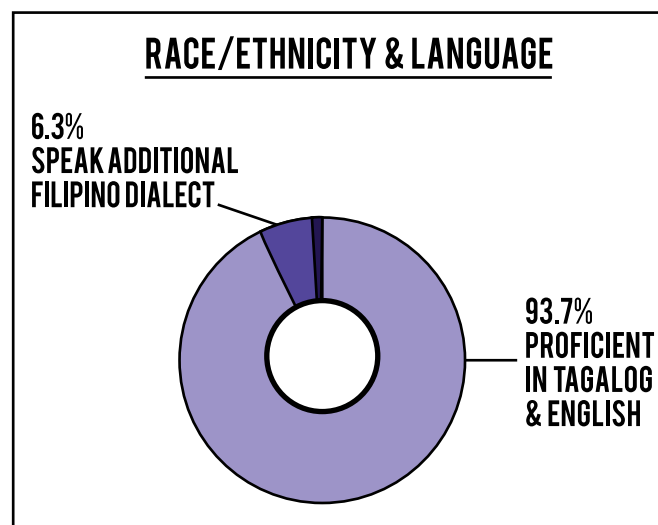
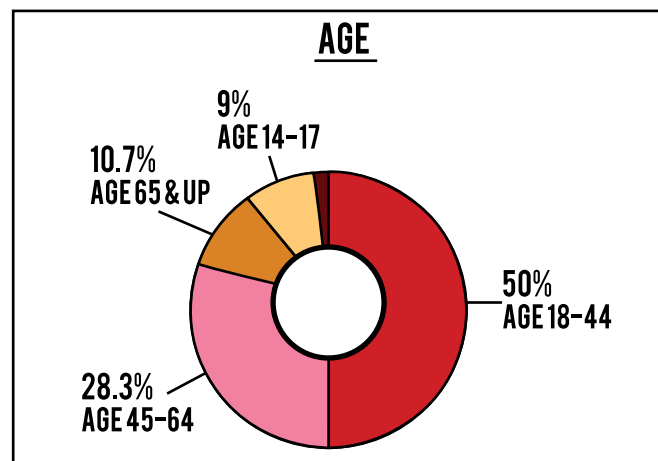
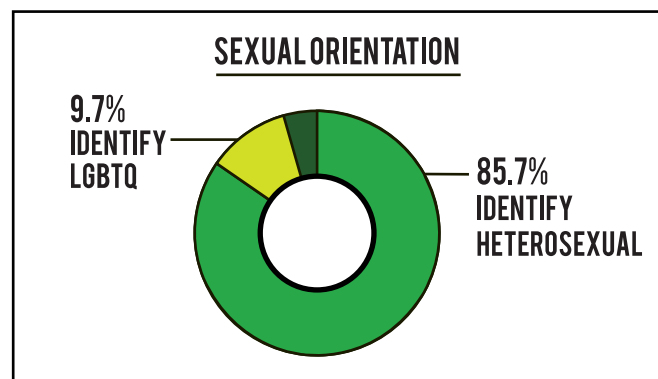
Two-thirds of the survey respondents were **female (63.3%)**, in comparison to **33.35% of males**. The majority of participants were between 18 to 44 years old (50.0%), followed by 45 to 64 years olds (28.3%). Senior groups with ages 65 and older represented 10.7% of the survey respondents, while adolescent-aged youth (14 to 17 years olds) garnered 9%. This shows that almost half of survey respondents are transitional-aged to middle aged individuals.

### Race/Ethnicity & Language

The majority of survey respondents chose Asian as their primary race and identified as Filipino or Filipinx-American for their specific ethnic/racial subgroup. An overwhelming majority of respondents (93.7%) reported bilingual proficiency in both English and Tagalog. However, about 6.3% of respondents speak an additional Filipino dialect such as Bisaya, Ilocano, Kapampangan, Bicolano, and Masbateno.

### Marital Status

For marital status, almost half of the total survey count (48.7%) reported being Single or Never Married. More than a third of respondents (38%) had a marital status of Married or In a Domestic Partnership. Other marital statuses such as Divorced, Separated, or Widowed made up less than 10% each.



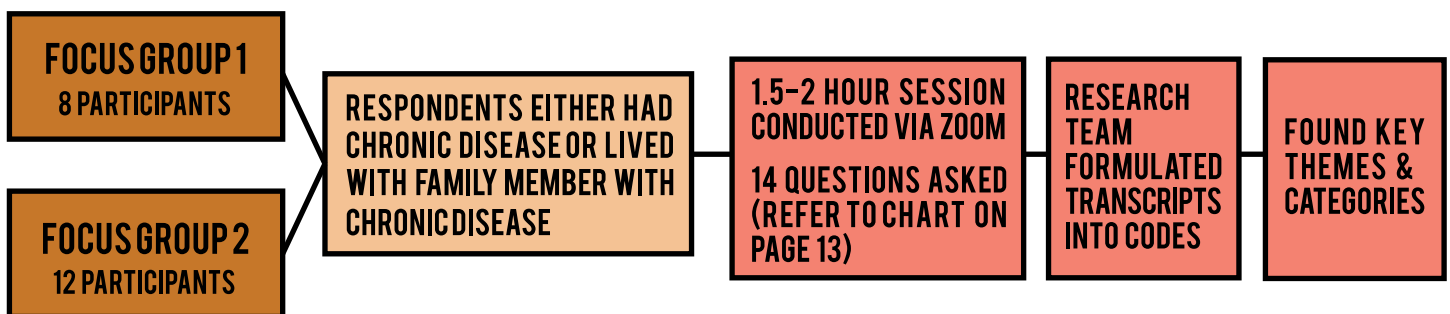


# METHODOLOGY

## Focus Groups

Focus groups were considered an appropriate methodology to gather community members' experiences of chronic diseases, as well as their ideas and recommendations to improve the health of the Filipino community. The focus group questions were developed by the research team with input from SOMCAN staff. Because of outreach and logistical challenges associated with the current pandemic, the research team conducted two focus groups in May 2020 with a total of 18 participants, in contrast to their goal of conducting three focus groups with 8 to 12 individuals per group.

Participation in the focus groups required that respondents either had a chronic disease or lived with a family member with a chronic disease. Outreach methods included SOMCAN's electronic newsletter, the organization's email listserv, and their social media platforms. The research team also emailed Filipino serving community-based organizations to help with outreach and focus group members were offered a stipend for their participation.



Each focus group lasted between 1.5 to 2 hours and were conducted through Zoom, a modern video communications platform. The research team, composed of two Filipina women - - one who is bilingual in Filipino and English - - and one Latina woman, facilitated the focus group conversations. Fourteen open-ended questions were asked that focused on: 1) chronic disease prevalence and its impact on daily life; 2) barriers to healthcare; 3) community support and resources; 4) individual risk factors; and 5) suggestions for health promotion materials and education, as well as recommendations for the City to improve community health. At the end of each focus group, the research team met to debrief and discuss initial codes.

Focus group data was audio recorded using Zoom's recording feature and with Otter AI, an iPhone app that audio records and transcribes. The bilingual research team member transcribed the focus group conversations verbatim, and inserted English translations when focus group participants spoke in Filipino. The research team read all transcripts individually and independently formulated a list of initial codes. At subsequent research team meetings, the codes were compared and corroborated followed by an extraction of key themes and categories.

# METHODOLOGY

## Focus Group Sample

### Zip Code.

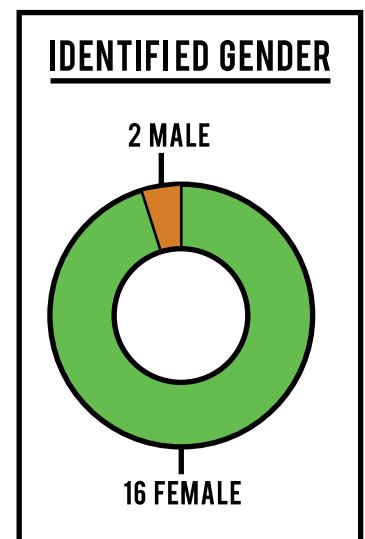
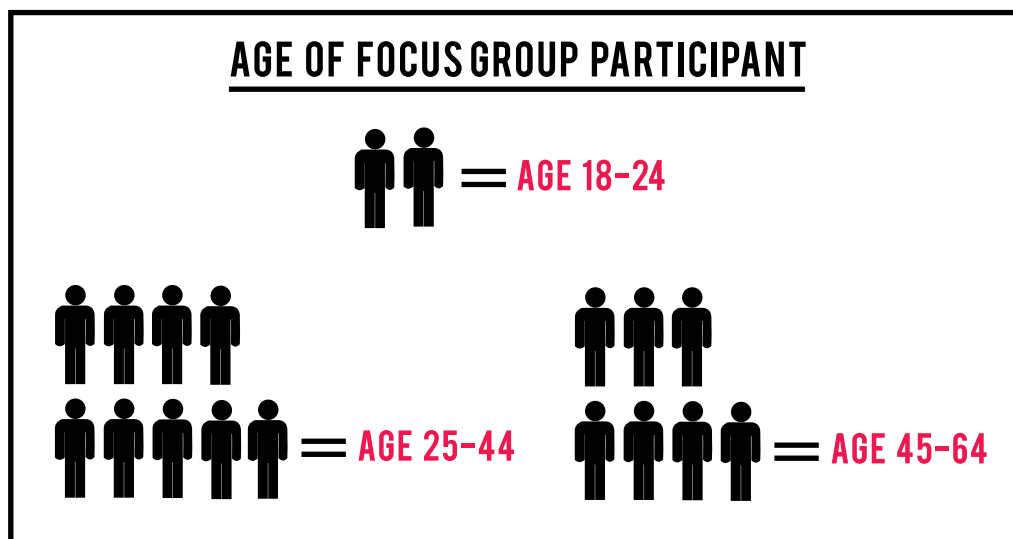
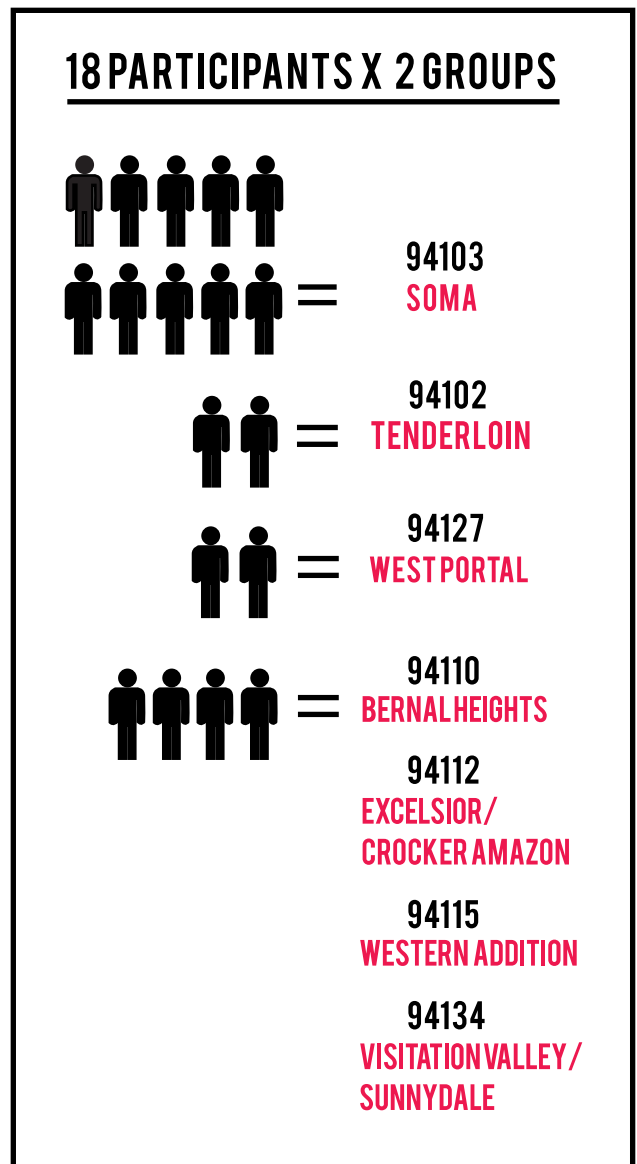
A total of 18 individuals combined participated in the two focus group sessions held on April 30th and May 14th, 2020. The majority of focus group participants reside in the 94103 zip code area of the SOMA (10), followed by 94102 residents of the Tenderloin (2), and then 94127 residents from West Portal (2). The rest of the focus group participants represent zip codes from different SF neighborhoods: 94110 (Bernal Heights), 94112 (Excelsior/Crocker Amazon), 94115 (Western Addition) and 94134 (Visitation Valley/Sunnydale) - - each zip code with one respondent.

### Gender & Age.

Sixteen respondents identified as female for their gender and only two participants identified as male. The majority of focus group participants were between 25 to 64 years old; nine were between 25 to 44 years old, and seven belonged to the 45 to 64 year old age group. Only two people belonged to the transitional aged youth group of 18 to 24 years old, while seniors had no participants.

### Language

Focus group participants were primarily bilingual speakers in both English and Tagalog (16), where a few identified as English-speaking only (2).



### Limitations.

While this project intended to gather the health data, knowledge, attitudes, behaviors, experiences, and recommendations from Filipino Americans in San Francisco using both quantitative and qualitative methods, there were some limitations to our report. First, we used purposive and snowball sampling methods for both the survey and focus groups. We intentionally wanted our participants to have been directly or have a family member directly impacted by chronic diseases. In addition, we asked survey and focus group respondents to inform other FAs in their network to participate in this project. Consequently, the data represented in this report may not be entirely generalizable to all FAs in San Francisco. The purpose of this project, however, was to understand how chronic diseases affect FAs. Likewise, the sample size for each study method could have been expanded to make our results more reliable. Finally, self-reported data may be biased and individuals may either under- or over-report certain behaviors or health indicators.

## SURVEY RESULTS

### Chronic Illnesses

Survey analysis suggested that respondents ranked their overall health in between the status of “Good” to “Very Good” (38.7% and 34.3%, respectively). An average medical/doctor visit is “once” and “twice” per year (35% and 22%, respectively). When asked if they had a family history of chronic disease, 63% replied “Yes,” 24% said “No,” and 11.3% were “Unaware.” These specific percentages signify that about two thirds of survey participants are aware that chronic diseases run in the family, while over a third are unaware of having a family history of chronic issues. Specific health conditions that were identified based on family history are diabetes and hypertension (both 21.7%). Survey data revealed that 19.3% reported having a family history of other chronic illnesses where asthma, cancer, respiratory diseases, and renal failures were the most prevalent. Lastly, 9.7% reported having a family history of cardiovascular diseases (heart attacks or strokes).

# SURVEY RESULTS



RESPONDENTS RANKED THEIR OVERALL HEALTH IN BETWEEN THE STATUS OF "GOOD" TO "VERY GOOD"

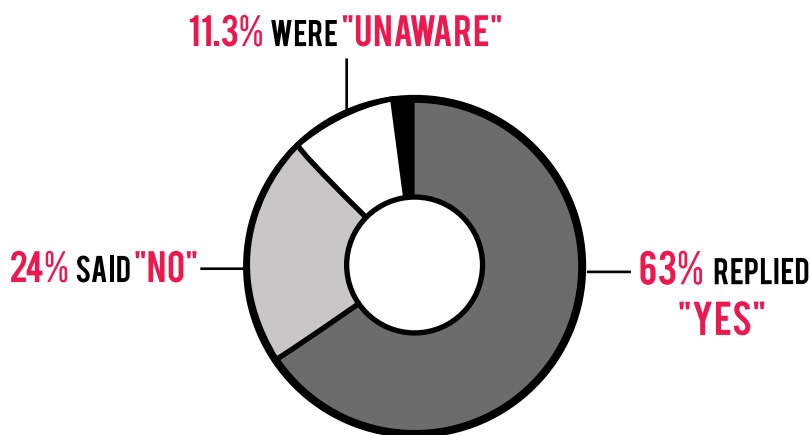
**38.7%** AND **34.3%**, RESPECTIVELY

AVERAGE MEDICAL/DOCTOR VISIT IS

"ONCE" AND "TWICE" PER YEAR  
**35%** AND **22%**, RESPECTIVELY



## • FAMILY HISTORY OF CHRONIC DISEASE?



## • SPECIFIC HEALTH CONDITIONS BASED ON FAMILY HISTORY...

**DIABETES & HYPERTENSION: BOTH 21%**

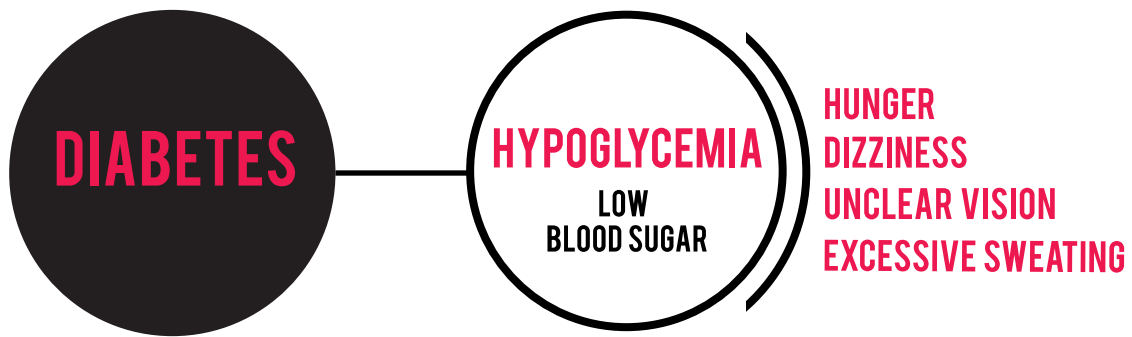
**ASTHMA, CANCER, RESPIRATORY DISEASE, AND RENAL FAILURE: REPORTED BY 19.3%**

**CARDIOVASCULAR DISEASE (HEART ATTACK & STROKE): 9.7%** ❤️



## Diabetes

From the total number of survey respondents, 72% reported not experiencing hypoglycemia (defined as a diabetic symptom that appear as dizziness, hunger, unclear vision, or excessive sweating due to low blood sugar), and 13% are either experiencing it in everyday life or unaware of their diabetic symptom. Moreover, 75.6% of all survey respondents do not take diabetes medications, whereas 9% of survey respondents who manage their diabetes with medication take Metformin as their most common medication to control their chronic condition. Glimepiride, Glyburide, and Insulin injections are also mentioned as other anti-diabetic prescriptions for diabetic respondents. When asked open-ended questions about their feelings and thoughts about their diabetes diagnosis, 36.3% felt feelings of fear, worry, and depression. Some of the other responses included reconsidering their diet, while others reported being accepting and hopeful that diabetic medications would control their condition.



## Hypertension/High Blood Pressure

Approximately 20% of all respondents were aware that they have hypertension/high blood pressure (BP), while 12.7% were unaware. Moreover, 53.6% of them do not regularly check their BP and 37.3% do. This shows that almost half of survey participants may not be able to regularly monitor their own blood pressure, yet experienced a standard or an elevated BP range. The average blood pressure level is on a standard normal where 30% have a BP range of 120 / 80 mg/dL. However, almost 40% had no idea of their blood pressure range, which indicates a lack of awareness and regulation for chronic BP.

**“ LACK OF AWARENESS AND REGULATION FOR CHRONIC BP ”**

# SURVEY RESULTS



## Hypertension/High Blood Pressure

Survey data showed that the majority of all respondents are not taking any antihypertensive pills to control their chronic high BP (69.3%) while a quarter of the respondents (20.3%) do take medications. This finding may correlate with the 20% who reported having high BP. Losartan and Amlodipine are the most common type of anti-hypertensive drug taken (4.3% and 3.7%, respectively), followed by Lisinopril (2.6%), and 1.6% report taking other medications such as Metoprolol, Atorvastatin, Hydrochlorothiazide, Methyldopa, Atenolol, Isosorbide, and Aspirin. All of these other medications are considered co-hypertensive prescriptions as additional chronic treatment for high BP. Lastly, 59% of them revealed knowledge and awareness that having blood pressure is dangerous as it can result in deaths from heart strokes or further heart diseases.



## Obesity/Overweight

An analysis for obesity or overweight is measured through BMI (body mass index), a calculation based on the collected weight and height of the total survey respondents. The average weight was 144.2 lbs, while average height was 167.5 cm (5 foot and 5 inches). Almost half (48.4%) of respondents have achieved an average BMI level value of 24.6 - - considered in the Normal category on the American BMI system. Although the BMI average is normal, there is a 0.4 difference to the BMI level of overweight that has a range of 25 to 29.9, meaning that this group may be in the borderline range of being overweight. In addition, almost half (49.5%) of the respondents have a BMI that classifies as overweight and obese combined.

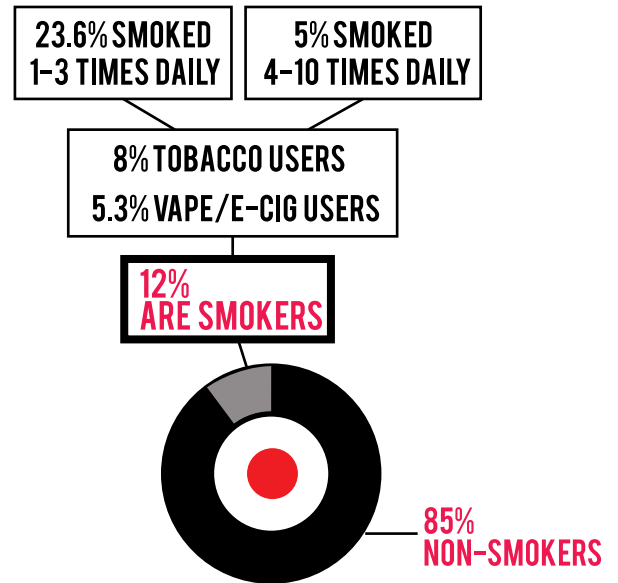
**"...ALMOST HALF (49.5%) OF THE RESPONDENTS HAVE A BMI THAT CLASSIFIES AS OVERWEIGHT AND OBESE COMBINED".**

# SURVEY RESULTS

## Lifestyle and Behavior

### Tobacco Use

For lifestyle and behaviors, 85% of the total survey group identified as non-smokers, while 12% are smokers. Of these, 8% report using tobacco as their main product. Vapes/electronic cigarettes (5.3%) and menthol-flavored cigars (3%) are other used smoking products. An average of the total survey population smoked 1 to 3 times every day (23.6%), while only 5% smoked 4 to 10 times daily. Despite the frequency prevalence for smoking, there are 20.3% that stated that they are not aware of how often or how much tobacco they smoke daily *suggesting a lack of awareness in daily smoking behaviors.*



Further analysis also revealed that the main reason for a respondent's tobacco use is to control emotions and relaxation, presenting that tobacco is a personal product utilized for relieving stress (33%). Only 2% mentioned that their reason for their smoking habits were due to socio-environmental factors (i.e. peer pressure, social gatherings) or persistent cigarette addiction.

When participants were asked about the importance of banning or regulating public smoking, 64% agreed, 10.3% disagreed, and 15% are unsure. Respondents who agreed to regulate or ban public smoking stated the main reason for their opinion is the detrimental impacts of secondhand smoking. About 16% of the agreeing respondents revealed the harm it causes to one's respiratory and general health, while 32.3% believed regulation can reduce normalization and limit smoking exposure to youth or people with respiratory illnesses. The other 12.8% in favor of bans responded that there are other alternative ways for an individual to self-soothe that do not present harm to others. In contrast, the 10.3% who disagreed with a ban on smoking reported a ban as an inappropriate approach for public smoking because it inflicts on one's rights and choices to smoke. A small percentage (2%) shared that a smoking ban can create resistance for smokers and that it would be a better solution to create regulations (i.e. designated public smoking areas) to prevent issues like illegal black markets from occurring.

### BAN/REGULATE SMOKING IN PUBLIC?

- 64% SAY YES
- 10.3% SAY NO
- 15% UNSURE



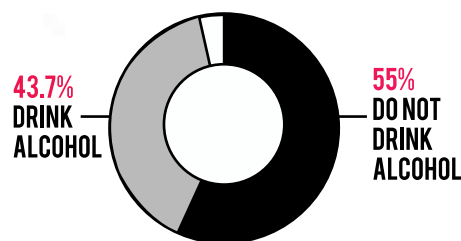
# SURVEY RESULTS

## Alcohol Use

There are 55% of respondents who reported that they do not drink alcohol and 43.7% who do. For alcohol consumption frequency, 27.7% drink alcohol occasionally and only 9.3% reported drinking on a weekly basis. People who consume alcohol with a frequency of 1 to 4 drinks per day reached 25%. Daily alcohol drinkers were the smallest statistic, with only 1% out of all alcohol frequency values. In general, these survey respondents were occasional alcohol drinkers.



- DAILY DRINKERS (1-4 PER DAY): 25%
- OCCASSIONAL DRINKERS: 27.7%
- WEEKLY DRINKERS: 9.3%



## Sugary Drink Consumption

Almost half of survey respondents drink 1 to 3 sugary drinks per day (49.3%). There is an 11% difference for those who don't drink sugary drinks at all (38.3%), revealing that respondents consume more sugary drinks on a daily basis.



## Water Consumption

The highest acquired statistics for daily water consumption was 37.6% for individuals who drink 4 to 5 glasses of water (1 glass = 8 ounces), and 29% for those who consume 7 to 9 glasses. This means that 37.6% only drink water with a range of 32 ounces to 40 ounces, and 29% with 56 ounces to 72 ounces. The data showed how the total survey group does not meet the recommended standard daily water intake of 117 ounces for men and 93 ounces for women (National Center for Health and Statistics, 2016). *With the overall values of alcohol and fluid intake (both alcohol and sugary drinks), one may conclude that respondents drink more sugary drinks alone than both water and alcohol in their daily lives.*



**RECOMMENDED STANDARD DAILY WATER INTAKE:**

93 OZ PER DAY FOR WOMEN  
117 OZ PER DAY FOR MEN



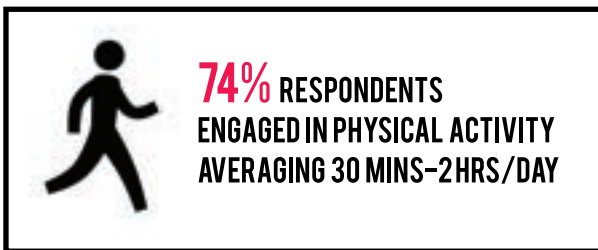
**TOTAL SURVEY GROUP DOES NOT DRINK ENOUGH WATER**



# SURVEY RESULTS

## Physical Activity

On an average, 74% of respondents engaged in physical exercise with an average time duration of 30 minutes to 2 hours per day. Exercise frequency is primarily reported as 1 to 2 times per week (30%). The physical activities done on a daily basis vary from light to moderate exercises. 25% mentioned walking and light running/jogging as a main source of exercise. Almost 37% of the said percentage get their walk exercises from walking their pets, picking up children from school, and their physical means of commuting (i.e. school or work). Sports are the second most prevalent exercise where biking, basketball, and volleyball made up 11% combined. These sports were commonly offered through physical education classes at school. Light exercises such as yoga, pilates, stretching, and dancing (specifically Zumba and traditional Filipino dance) were the third prevalent exercise at 4%. An average of 10.75 hours of sitting per day was reported. This value is closely similar to a typical 8-hour office job.



## Other Community Issues

### Mental Health

Likert-type scale questions were utilized for participants to rate their overall mental health, with 1 signifying "Poor" and 5 for "Excellent" mental health. A mean score of 3.49 was achieved (median=4, mode=4), meaning that most survey respondents rated their mental health as "Good." This finding contrasts with their responses to another set of questions.

A few questions were asked to distinguish how negative feelings affect one's daily life in the past seven days. The first question, "How often did you feel NEGATIVE feelings such as sadness or depression?" garnered 43.6% with the response of "Very Often," and "Somewhat Often" achieved 27.6%. These values summarized that almost half of the survey respondents were affected by their negative feelings more often in their daily lives. The second question, "How often has your mental health negatively affected your personal/social relationships?" achieved a 38.3% for the response of "Not At All." Almost a third of respondents (28%) answered "Somewhat Often," "Very Often," and "Extremely Often" combined. These values show how mental health has not negatively impacted the majority of the survey respondents' personal and social relationships in the past seven days, whereas under a third reported their relationships were affected.

# SURVEY RESULTS



Lastly, when the question, “How often has your mental health negatively affected your ability to work or accomplish certain tasks/goals?” was asked, 40.3% mentioned “Not At All” as the highest rating, followed by the “Not So Often” response with 26.3% and “Somewhat Often” garnering 17.0%. This data signifies that almost three quarters of the survey population may be no more or less likely to feel that their negative feelings influenced their working tasks.

When respondents were further questioned about their strategies or activities to address their negative feelings, 45% chose to do extracurricular activities such as listening to music, watching movies, cooking, playing video games, and art-related works. Sleeping or practicing self-care was the second most common activity reported (37.3%), followed by social activities (12.7%). About 4% of participants chose to spend time on religious-based strategies such as prayer, while 1% preferred to deal with their negative emotions by crying, breaking down, or stress eating.

On the contrary, when respondents were asked about how positive feelings impacted their life in the last seven days (i.e. How often did you feel POSITIVE feelings?), 44.3% said “Very Often” as their response. “Somewhat Often” is the second highest value for this specific question garnering a 29.0%, while “Extremely Often” got 15.7%. This question suggests that almost half of the total survey respondents felt that positivity had impacted their lives in the past seven days.

The following question, “How often has POSITIVE feelings affected your personal/social relationships?” attained a 38.7% of respondents with “Very Often. If compared with the highest value, there is an 11% difference from the “Somewhat Often” response (27.7%) and 21% difference for “Extremely Often” (17.7%). “Not So Often” and “Not At All” had the smallest response values out of all the ranges in this question (7% and 4.3%, respectively). This question shows that more than a third of respondents have been impacted by positive feelings in terms of personal and social relationships in the past seven days.

For the question, “How often has POSITIVE feelings affected your ability to work or accomplish certain tasks/goals?” 36% of respondents stated “Very Often” as their response.” “Somewhat often” is the response with the second highest value of 29.6% while “Extremely Often” is 18.0% - - a half lesser than the highest 36% of this category rating. “Not So Often” and “Not At All” are the following responses both with values of 6.3% and 4.3%, consecutively. This connotes that more than a third of respondents believed their positive feelings had influenced their ability to work and accomplish tasks/goals in the past seven days.

For specific strategies when feeling positive about themselves and their mental health, 22.3% engaged in activities that improve positive emotions. These varied and included meditation, positive affirmations, self-contentment exercises, and smiling often. About 21.7% reported social activities similar to one-on-one interaction with peers, calling family members, or spending quality time with other people. Extracurricular activities achieved 11%, while only 2.3% reported faith-based activities - - the smallest value out of all categories mentioned for positive mental health strategies.

# SURVEY RESULTS

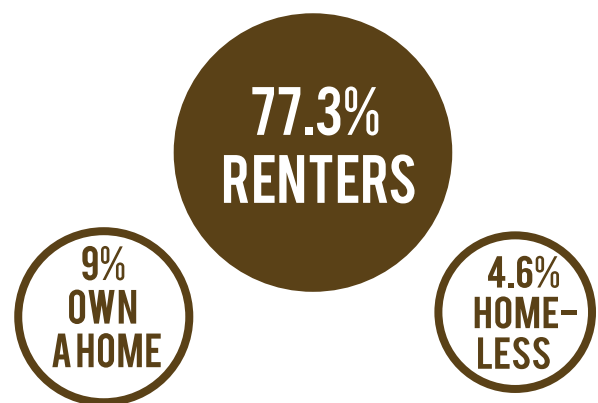


## Housing

The average housing status of most survey respondents were renters (77.3%). Homeowners amount to 9% of those surveyed - a percent that is more than eight times lower than renters, and indicating that renting is more common compared to homeownership. Only 5.3% declined to state their housing status and 4.6% of survey respondents reported that they were experiencing homelessness.

For type of housing units, 53.3% reported residing in an apartment or flat, 22.4% lived in a house, 11% lived in an "in-law housing" (defined as an additional, detached unit of an existing home), and 7.3% lived in other housing units such as rooming/boarding house, temporary motel/hotel, senior home, affordable units, or vehicles. When asked what type of housing unit in which they reside, 5.3% of the total survey respondents selected, "I am homeless and do not have housing." Lastly, 2.6% lived in a single room occupancy (SRO) unit, which is the smallest housing unit value out of all categories.

Housing quality is analyzed based on the conditions of a housing unit's windows, doors, walls, flooring, electricity, plumbing and pest infestation. When asked to rate their current housing condition, the following values were achieved: 34.7% for "Good Condition", 28% for "Very Good", and 16.3% for "Fair." 15.3% was garnered for "Excellent" and the smallest housing condition value went to "Poor" with 2.3%. This showed that the majority of respondents' housing units were in good quality.



**"MAJORITY OF RESPONDENTS' HOUSING UNITS WERE IN GOOD QUALITY"**

## Total Household Size and Income

The mean household size that lives in one housing unit is 5 people. The average adult (18+ years) count in a household is 3.5 (median=3, mode=2), while minors have the smallest count amounting to 1 minor per household. The estimated total income of one's household (including all adults) per year was asked with eight income ranges to choose from. The results are the following: 12.3% for "Less than \$25,000", 6.3% for "\$25,000- \$34,999", and 9% for "\$35,000- \$49,999." The next household income values are 17.3% for "\$50,000- \$74,999", 14.7% for

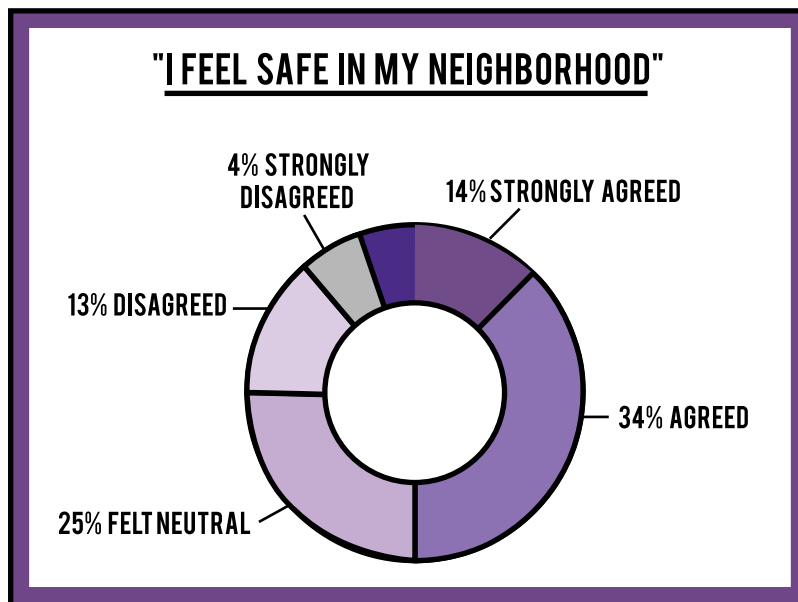
# SURVEY RESULTS

“\$75,000- \$99,999,” 8.7% for “\$100,000- \$149,999,” and 5.8% for the income range “\$150,000 or More.” 22% responded with “Don’t Know/Decline to State.” This is the highest value out of all income options, and shows how 22% of respondents are unaware of how much they earn annually or do not want to disclose it.

The income range of “\$50,000- \$74,999” is analyzed as the second highest percent value for the total survey population (17.3%). Based on the area median income for a household size of 5 at \$138,350, this group of survey respondents earns significantly less than other San Francisco residents (San Francisco Mayor’s Office of Housing and Community Development, 2020). Moreover, the income range of “Less than \$25,000” is the third highest percent value out of all income range categories (12.3%), designating this group as living below the federal poverty threshold of \$30,680 for a household size of 5 (Office of the Assistant Secretary for Planning and Evaluation, 2020). When asked to rate their level of agreement with the following statement, “The cost that I pay for my housing/rent is too much compared to the monthly budget I earn,” almost half (45.3%) reported that they “Strongly agree,” or “Agree,” combined.

## Safety & Community Resources

When asked to rate their level of agreement with the statement, “I feel safe in my neighborhood,” 14% strongly agreed, 34% agreed, 25% felt neutral, 13% disagreed, and 4% strongly disagreed. This data suggests that almost half of respondents feel safe in their neighborhood, with a smaller minority not feeling safe. Participants also rated their stance on the following statement, “There are community resources available for me to improve my health conditions and overall health.” Their responses are: 14% strongly agreed, 44% agreed, 30% felt neutral, 7% disagreed, and 5% strongly disagreed. Similarly, more than half expressed feelings of community resources in their neighborhood.



# FOCUS GROUP FINDINGS

The purpose of the focus groups was to understand the experiences of Filipino Americans living with chronic diseases. Six major themes emerged from our conversations, which include: 1) Chronic Diseases are Prevalent and Serious Among Filipinos; 2) Chronic Diseases Negatively Impact Quality of Life and Relationships; 3) Caregivers' Have Many Roles & Challenges; 4) Community Has Knowledge of Individual Risk Factors, and Less Awareness of Social & Economic Factors; 5) Language, Transportation, Health Insurance, & Medical Costs are Not Major Barriers; 6) Community Centers as a Valuable Source of Support.

## Chronic Diseases Are Prevalent and Serious Among Filipinos

All participants reported having a family member with a chronic disease. These included HTN, T2D, CVD, chronic obstructive pulmonary disease (COPD), and asthma. Hypertension was mentioned more frequently, compared to T2D or any other chronic diseases.

In terms of duration, most of the focus group participants' parents and/or family members had been diagnosed with a chronic disease for a long time, between 10 to 30 years. Some common patterns included clinical diagnosis of diabetes at an older age, compared with receiving a hypertension clinical diagnosis at a much younger age (mostly in their early 50's). For instance:

**"My dad started taking medication for hypertension when he was 50 years old. So it's been 20 years now that he's been taking that medication. But for his diabetes medicine, I think they just started recently when they came here [U.S.]. So it's been like two to three years."**

**"Okay, so my dad started at the age of 50 when he was diagnosed with hypertension. He is now 70 years old."**

**"For my parents, my mom had very early hypertension [diagnosis]. She was in her mid 40's. And then afterwards, when she reached her 50's, she had diabetes and some chronic diseases [CVD] because she had a minor stroke before."**

In addition, living with a chronic illness involved complications and medical interventions to manage the disease. Some of the complications reported associated with diabetes included amputations, glaucoma, and fainting. Those with family members experiencing cardiovascular disease reported complications and medical interventions such as strokes, heart attacks, and even heart surgeries.

### Chronic Diseases Negatively Impact Quality of Life & Relationships

Focus group findings demonstrated how enduring a chronic illness could negatively impact an individual's quality of life and relationships. The participants described that chronic health conditions affect their family members' physical abilities, capacity to participate in social activities, and mental health. Moreover, having a family member with a chronic disease ultimately affects everyone in the family. The condition can disrupt normal routines and behaviors, as well as impact the entire family's emotional well-being. In addition, as a result of the current pandemic (COVID-19), all of these effects are exacerbated with current stay-at-home and social distancing measures.



**CHANGES TO THE BODY AND IN ENERGY LEVELS RESULTING FROM CHRONIC ILLNESS CAN NEGATIVELY IMPACT ONE'S MENTAL HEALTH.**

Focus group members mentioned that chronic illness may limit their family members' physical abilities through the weakening of the body and lack of energy. One individual shared, "It's tough because she can't go to a normal routine like going up in the yard to water her plants, going around exercising, all that stuff, and she has to take her medication." Weakness and lack of energy may also result in not being able to engage in social activities such as physical activity classes or visiting with friends at community centers.

Changes to the body and in energy levels resulting from chronic illnesses can negatively impact one's mental health. Focus group participants expressed that sadness, energy loss, and fear of death were regularly observed among their senior family members experiencing chronic illnesses. As two individuals shared:

"But there are some times where they feel down about it, like they think of the future like what's going to happen if it gets worse, what's gonna happen to my children, who will take care of them when they get even more sick. And they also look back at the past like what could have they done to prevent this, to prevent hypertension and prevent you know diabetes from possibly happening."

"Katulad ng mga seniors na alaga kong nasa living assistance, walang dumalaw na kamag-anak, nalungkot kaya nawalan ng sigla, bigla na lang namatay."

Translation: "Also, the seniors that I take care of in living assistance, no family visits them. They become sad, lose energy and then suddenly die afterwards."

Worry, fear, and sadness are normal feelings that we all experience usually on a short-term basis. People with chronic diseases, however, may have these feelings for extended periods of time suggesting the need for community and social support services to address mental health.

Likewise, participants divulged that when a family member has a chronic illness, it affects everyone in the family. Some impacts include changes in normal routines and schedules, as well as declining emotional health. For example, the entire family's food choices could be impacted: "And with his disease, with his stroke, all of us got affected because of the diet. What he is eating is also what we are eating, the whole family." Another participant stated:

"So, we had definitely had to take care and overlook a lot of health issues for my dad and our Grandma. And also managing like our own mental health which has been difficult. You have to make sure that we're in check and just even having to explain mental health in our own family, [they don't] really understand it has been difficult."

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### **"...LACK OF MENTAL HEALTH AWARENESS AMONG THE FILIPINO COMMUNITY..."**

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In this example, one individual describes their responsibilities in taking care of multiple family members with chronic diseases and the potential effects on mental health. In addition, this person's statement implies the lack of mental health awareness among the Filipino community, which could be another barrier among caregivers or family members disclosing their feelings or emotions of living with a chronic illness.

In light of this project taking place during the COVID-19 pandemic, participants shared how the consequences of chronic illness were amplified by the outbreak. Not only did quarantine limit daily routines such as exercise and family visits, but it also exacerbated mental health issues such as stress, anxiety, and depression.

Correspondingly, the COVID-19 pandemic has increased fear in many individuals and their family members, as well as impacted caregiving responsibility and scheduling.

Two participants mentioned:

"So some of the challenges especially during this COVID pandemic situation, last month I have some of my family that is scheduled for taking care of my mom. They are unable to do their shift. So we can't continue our work at the same time. So it is hard for us to double take the shift of the other siblings. So some of my siblings, when they get sick because of the...they got from their co-worker, got sick from coronavirus. So they were sheltered in place, and they did [quarantine] for 14 days. So for those 14 days, there's no coverage for that shift, so we had to do our double shift to take care of my mom."



“...mood swings. Because sometimes they're high, sometimes they're down. And they truly forget the things that they used to do before. And then sometimes it irritates them. And then now that we have a stay at home order, they get anxiety attacks, and depression because they couldn't really go out anymore. Their relatives can't visit them because it's not allowed. So, that's the difficulty that I'm having...”

Chronic illnesses impact an individual's quality of life and social relationships. Deteriorating health impacts one's physical and emotional health. Because Filipinos living with chronic diseases are primarily supported and cared for by their families, everyone in the family is impacted. Finally, all of these disruptions to quality life and social relationships have been amplified as a result of the COVID-19 pandemic.

### Caregivers Have Many Roles and Challenges

The majority of focus group participants were caregivers of family members living with a chronic illness. They described their multiple and complex roles, as well as their challenges being caregivers. This discussion included cultural norms, the intersectional role of caregiver and adult child, their feelings, as well as challenges in managing their family member's health - - specifically with medications.

According to the participants, Filipino cultural norms dictate that adult children are expected to take care of their parents and elders. One individual pronounced,

**“As the youngest of the house, you're really expected to be responsible and to take care of others. Not only because like you are Filipino, but also as a...girl you have to take care of your elders.”**

Almost all of the focus group members served in caregiver roles for their parents and elders is an indication of this Filipino social and cultural value. However, while family support and care is beneficial and oftentimes necessary for those living with chronic diseases, elders may prefer to be independent or do not want to be a burden to their adult caregivers and family members.



## FOCUS GROUP FINDINGS

One respondent described her own parent:

“My mom is very independent. She doesn't ask, could you come with me and get this or could you come with me to the hospital or anything, she's independent that way. ...she doesn't ask for help because she's independent in that way...she doesn't say like, oh feel bad for me. She doesn't do that.”

To not feel like a burden on others is a recurring theme, and on occasion people experiencing chronic diseases may conceal medical visits, diagnosis, and prescribed medications. One person said:

“...it was very difficult to be in the know of these medical visits with my family. I think my family, I don't want to say, are prideful, but they definitely want to keep it to themselves...without worrying about them...I had to be very upfront about asking about them, like the medical visits or just checking up on their health.”

Feelings of independence and not being a burden can have health and social impacts on people with chronic health conditions.

Similarly, a caregiver's function to manage their parents' health can be in direct conflict with parent-child roles and relations. This may manifest in communication concerns as evidenced by one focus group participant describing her parents:

“As their daughter, I am very straightforward to them. I am very frank. That's why they get mad at me every time I let them know about the truth. That's why there is a saying, “Truth hurts”, right?. But I am trying to be mellow [while] explaining everything to them. I try to understand everything since they are older.”



This sentiment suggests an issue of reversing roles and challenging cultural norms of respecting the authority of elders, and that it may be difficult for elder parents with chronic diseases to receive medical instructions or advice from their adult children. The next statement revealed that adult caregivers must be very cognizant in their messaging and communication to parents:

“Sa amin, kasi syempre may high blood pressure yung dad ko, yung pakikipag-communicate kailangan maingat. Mamonitor mo yung mga sasabihin mo dahil baka biglang tumaas ang blood pressure niya. Makakaapekto yung environment kapag may hindi sila nagustuhan, bigla silang magagalit. Yun lang po.”

## FOCUS GROUP FINDINGS

Translation: “Since my dad has high blood pressure, my family is very careful when it comes to our communication/conversations. We have to monitor what we say or tell him because there is a possibility that it can cause his blood pressure to rise. The environment may affect his mood/emotions or if he doesn’t understand something, he can get mad.”

Although focus group participants experienced conflict with cultural norms and navigating their roles as child and caregiver, they also expressed empathy for their family members and are an important source of support. As the following participants disclosed:

“It’s me who feels bad for them; I feel bad seeing them take so many medications, but it’s for their betterment anyways.”

“My mom and dad don’t have any support from outside. I’m just the one following up on them. I’m their only family here and my husband.”



Caregivers are a primary source of support for family members living with chronic diseases because of cultural expectations, yet they do so with love and empathy. Caregivers must also manage all aspects of the chronic health issue - - from transportation to doctor’s appointments, navigating medical costs and insurance, to managing medication intake. Because elders may be taking multiple medications for more than one condition several times a day, focus groups participants may need to provide their

family members with constant reminders. In addition, most family members have been taking medications for an average of 20-35 years with dosage increases over time. Three respondents stated:

“...my parents are taking medications. Personally my mom is taking three medications. She started with one and then her blood pressure just continued to increase and so the doctor had to increase her pills and her dosage as well.”

“They are able to take their medicines with ease and I don’t experience any difficulty with it [as their caregiver] because I always remind them that it’s for their own betterment.”

“My mom, she’s taking 4 medications: one in the morning, [which is] Lisinopril. In the evening, [she takes] Metformin, Pravastatin and I forgot the other one. She got used to it. But even though she has been taking [her medications] for a long time, I still call her to remind her to take her medications

## FOCUS GROUP FINDINGS

[regularly]. That's my duty [as her daughter]. Every time I do that... it's just that I need to know what's going on with her since I am also her provider."

Further, the constant need to take multiple medications with changes in dosage over extended periods of time can lead to feelings of "routine tiredness." For instance, two individuals mentioned:

"Like everyone else, they're able to cooperate and I do feel bad because they have to take these medications, and can be repetitive. It can be tiring but like everyone else, it's for their benefit anyway so you're just there to remind them and to encourage them as much as possible."

"Sa parents ko, okay naman sila uminom ng gamot. Kaya lang minsan nagsasawa na sila kasi araw-araw. Sa tatay ko, yung Insulin, nagsasawa na siyang magturok sa sarili niya. Pero keep going pa rin. Three times per day yung Insulin niya at may two types siya: yung isa for human Insulin."

Translation: "For my parents, they are good with taking their medications. But sometimes, they get tired of it since it is everyday. My dad takes insulin and he gets tired of injecting/administering the medication by himself. But he has to keep going. It is usually administered three times a day and there are two types of it: one type is for human insulin."



Notably, most respondents found instructions for medications to be clear and were well-versed with specific medication names, while a few had difficulty remembering specific medications and their corresponding conditions. Nevertheless, participants shared that controlling and managing chronic illnesses through medication is possible. One respondent shared her grandmother's experience:

"I used to live with her, the first time I came to the U.S. back in 2010. And she has different kinds of diseases like hypertension, diabetes, and also glaucoma. For her hypertension and diabetes, I think it's pretty much controlled for her because she's on medication."

Comparatively, another participant mentioned, "I think it's well controlled with medication and proper monitoring."

## Community Has Knowledge of Individual Risk Factors and Less Awareness of Social & Economic Factors

When asked about what they thought contributed to their family members' diagnoses of chronic diseases, the focus group participants primarily reported individual risk factors such as lifestyle, knowledge, and genetics, with only a few individuals mentioning structural factors such as socioeconomic status and immigration/accluturation.

In thinking about their family members with chronic diseases, the focus group members identified individual risk factors such as poor diet; limited knowledge and awareness of chronic diseases, signs/symptoms, and preventative measures; lack of exercise; alcohol and tobacco use; and hereditary factors. Unhealthy diets were mentioned repeatedly by the focus group participants and many individuals stated that their parents or family members lacked discipline in controlling their food portions and making healthy choices. For example,

"I know it's really hard. It's not easy to follow everything. But sometimes, you know Filipinos are stubborn when it comes to food. We wanted to taste every delicacy [chuckles]... So, [the doctor's advice helped]. But not totally. It's really hard for me to discipline myself when it comes to food."

"As Filipinos, I think we got used to the unhealthy way of eating which is very hard to avoid."

"...it's kind of hard because my mom likes to cook. And like everyone has been saying, it's hard to kind of control cravings once you have it..."

"So my parents like to eat a lot. They don't care about the foods that they eat even though it has more cholesterol, lots of sugar. That's the [reason] why they had their chronic diseases. But we are now trying to maintain it. They [try to eat right], eliminate sugar, eat fruits and vegetables, and eat the right meals. But sometimes, we can't control the things they eat. That is why it is a matter of discipline. That's all I can say."



Similarly, the focus group respondents reported that their parents or family members had limited knowledge and awareness of signs and symptoms of chronic diseases, as well as any preventive measures prior to their diagnoses. One individual reflected on her father's experience:

"And when he was 39, I was in high school at that time, he had his first heart attack. He didn't know what it was. He thought he had heartburn, and he and my mom went to the emergency room on their own. He drove himself there, not knowing that he had a heart attack. So you know it's like, 'Oh my chest hurts, I'm just gonna go, I got heartburn.'"

**"...THESE INDIVIDUALS' STORIES EXEMPLIFY THE DIRE NEED TO INCREASE KNOWLEDGE AND AWARENESS OF CHRONIC DISEASES, AS WELL AS ITS SIGNS AND SYMPTOMS."**

Another respondent also recalled her parents' stories: "My father had a heart bypass a long time ago here in the U.S. My mother told me that he eats Burger King everyday as his meals for years." Both of these individuals' stories exemplify the dire need to increase knowledge and awareness of chronic diseases, as well as its signs and symptoms. Raising community members' knowledge and awareness of chronic diseases - - including its signs and symptoms, as well as preventative measures - - has the potential to prevent illness and serious complications.

While alcohol and tobacco use were also mentioned as contributing factors, several of the focus group participants talked about the role of genetics and hereditary factors. Many shared how HTN, TD2, and CVD runs in their family and they expressed a sense of fear and fatalism that they would most likely suffer from chronic diseases as well. As one individual said,

"...but it's in my blood. I mean, you know, when I was doing those triathlons, I was the best shape of my life, and still...it's still in my blood. So, yeah, I'm 48 and I think about, okay, I'm approaching 49 when my dad passed away."

In this example, the focus group participant acknowledges that they are physically active, yet still has serious concerns that hereditary is a stronger determinant of developing chronic diseases, in contrast to their healthy and active lifestyle.

While genetics does play a role in the development of health conditions such as HTN, T2D, and CVD, family members also share similar lifestyles, behaviors, and environments that can influence their health and increase their risk of disease. Knowing one's family health history - - while also making lifestyle behavior modifications to diet and exercise, as well as getting educated about chronic diseases - - can greatly reduce the risk of diagnosis. Interestingly, individual risk factors were predominantly emphasized during the focus group discussions, compared to social and economic factors. While a few focus group participants acknowledged limited access to healthy and affordable foods as a contributing factor, some talked about the experience of immigration and acculturation to the U.S. As told by two participants:

"So I wanted to talk about my dad. Like I said, in the Philippines, they were very poor. So I think when he came here, he wanted to live the lifestyle, and I don't know if it's from TV. We've actually had a TV when we were younger, but we had everything. We had all the coke, soda, and it was available for us to just reach and get it, or even the snacks. So I think it's like, because he didn't have much as he was growing up, this was something for him...So we did eat a lot of junk food when we were younger."

"We moved here from the Philippines, 2013, and both [parents] didn't have any particular history of hypertension and diabetes. But as we moved here and as we got accustomed to the culture, the food, that's when they've become hypertensive, and you know all of those medical problems started to arise."

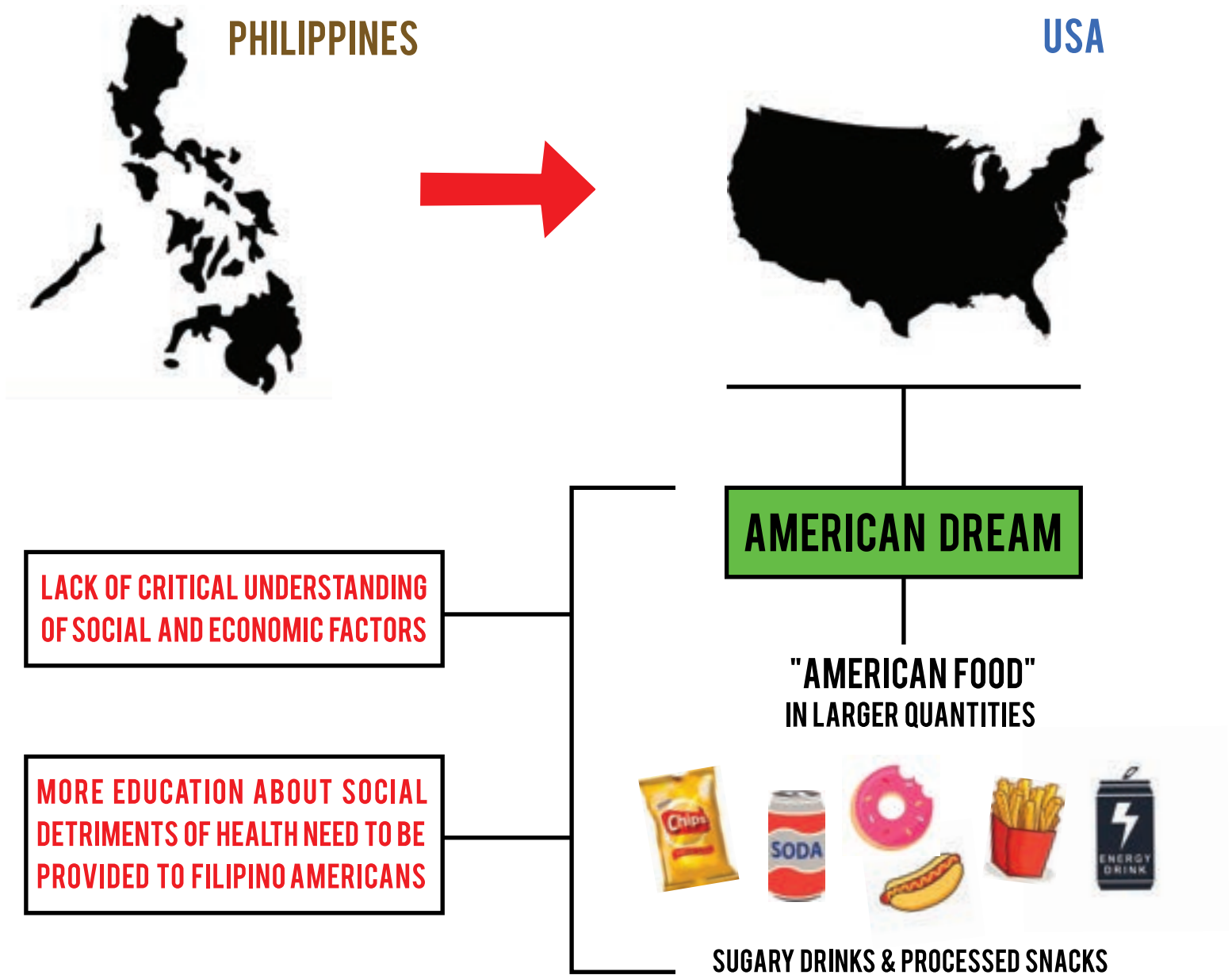
Both of these individuals described their parents' prior experiences in the Philippines (i.e. living in poverty, or not having chronic health conditions), compared to their lives in the United States.

**"THEIR STORIES REVEALED THE ROLE THAT ACCULTURATION AND ASSIMILATION TO AMERICAN CULTURE, FOODS, AND NORMS MAY PLAY IN THE DEVELOPMENT OF CHRONIC DISEASES."**

# FOCUS GROUP FINDINGS



Migration to the U.S. can negatively impact families. For instance, immigrants may provide their children with “American foods” that consist of unhealthy choices such as sugary drinks and processed snacks, and in larger quantities. These decisions may be shaped by what immigrants may understand as living the “American Dream.” While our research demonstrates focus group participants’ knowledge and awareness of individual factors that contribute to chronic diseases, a critical understanding of social and economic factors is clearly lacking, suggesting the need to provide Filipino-Americans with education about social determinants of health.



## Community Centers As Valuable Sources of Support

The focus group discussions demonstrated that community resources benefit both the physical and emotional health of family members with chronic illnesses. Our specific focus was to find out what types of support services individuals received from senior centers and community organizations. Respondents mentioned senior and community centers such as the Mission Creek Center/SteppingStone, Bayanihan Community Center, SOMCAN, and Canon Kip Senior Center in the SOMA, as well as the Curry Senior Center in the Tenderloin, as sources of support. Most respondents were pleased their communities offered their family members with opportunities to exercise, socialize, and educate themselves on healthy living. Two participants shared their enthusiasm for these community resources:

“There are open markets that you can buy/shop at and there is help assistance like food banks given by Bayanihan [Community Center] or SOMCAN...Just like the seniors, they have ballroom sessions two times a week. There is also Zumba that we join at the Bayanihan once a week.”





## FOCUS GROUP FINDINGS

“Iniisip ko yung pinupuntahan niya...do you know Mission Creek? It’s like a community center for seniors. Since nagpupunta siya doon, lalo siyang nagiging active. Imbes na nasa bahay lang nanonood ng TV. Since nagpupunta siya doon, natutulungan siyang mag-eexercises, saka mga socialization dahil may mga games dun, Bingo. Hindi lang siya naka-stuck sa bahay.”

Translation: “I am thinking of the place that my dad goes too...do you know Mission Creek? It’s like a community center for seniors. Since he goes there, he is more active instead of being stuck at home watching TV. Since he goes there, he is being helped with exercises that have socialization (ex: games, Bingo). He’s not stuck at home.”



On the contrary, residents living outside of these neighborhoods cannot access the same benefits provided by these community organizations to support positive health. One individual shared:

“But there are no particular community resources that we can reach out to, because, well, we are in Portola and there's not a lot of organizations like maybe SOMCAN or other wellness centers that can do that for us.”

While primary sources of support are adult children caregivers and medical providers, Filipinos living with chronic health conditions have access to and utilize senior centers and community organizations for services.

# RECOMMENDATIONS

**F**indings from the survey data and focus groups reveal that chronic diseases are prevalent within San Francisco's Filipino community and have multiple impacts on those diagnosed with the condition and on their caregivers. Unhealthy lifestyle and behaviors were commonly identified and reported as contributing factors, whereas the Filipinos in this study did not regularly discuss social determinants that may influence the development of chronic diseases. This information points to the need for and implementation of concrete preventative measures, education, and community support.

Language, access to healthcare facilities, and medical costs did not pose significant problems to the 7% study participants. Further, many of the study participants have expressed they have access to important resources that support physical and emotional health, specifically in the downtown area. This experience highlights the value and need of sustaining existing services, while also expanding to other parts of the city where greater concentrations of Filipinos reside - - such as District 11's Excelsior neighborhood, for example. The following are recommendations and next steps to prevent and address chronic diseases among Filipinos in San Francisco based on survey data and focus group results.

## **Provide Comprehensive and Culturally Relevant Health Education**

Unhealthy diets and self-discipline were found to be individual behaviors that may increase one's risk for chronic disease diagnosis. Lack of awareness of preventative measures, as well as a limited general knowledge of chronic diseases was common. In addition, declining mental health may be an outcome of living with a long-term illness. These findings combined with community input, demonstrate that free community classes, which are culturally and linguistically relevant, should be offered regularly to Filipino residents of San Francisco. Classes and workshops should include information and education on:

- Nutrition, preparing traditional cultural foods in healthier ways, and how to practice mindful eating
- Chronic disease prevention, signs and symptoms, management, healthy ways to cope, health insurance and healthcare systems, and signs of and what to do in the event of an emergency
- Social and economic factors that contribute to chronic health conditions, such as the built environment, housing, food access, and income - - educating residents on these issues and its connection to individual and community health has the potential to mobilize Filipino residents and increase their sense of agency;
- Mental health and social support for patients and their caregivers.

# RECOMMENDATIONS

In addition, free classes that allow community members to exercise and engage in physical activities together are a healthy and fun way to prevent chronic conditions and build community.

Filipinos in this study also expressed the need and desire for educational materials and resources about chronic diseases and prevention in Filipino. They suggested the development of flyers, booklets, videos, and websites as appropriate venues for health education information and communication. Based on our survey data and focus group discussions, educational materials should prioritize hypertension and diabetes while also concentrating on healthy eating and active lifestyles.

## Expand Existing Social Services & Community Resources

This assessment found that community resources located in District 6 (SOMA and Tenderloin) are beneficial for Filipino residents. These include local clinics and healthcare facilities, as well as senior centers and community-based organizations including Mission Creek Center/SteppingStone, Bayanihan Community Center, SOMCAN, and Canon Kip Senior Center in the SOMA, as well as the Curry Senior Center in the Tenderloin. These neighborhood anchors provide valuable services and opportunities that help improve the lives of local residents. Their services include the provision of basic needs such as groceries and affordable housing, health education and screening, support in translation and referrals to City and public programs, structured activities for seniors that keep them active, engaged, and socially connected, and many more. In addition, many Filipinos with chronic conditions rely on publicly funded health insurance programs to support their medical costs.

All of these organizations and resources should be sustained and expanded. The City should ensure adequate funding opportunities and facilitate collaboration and communication among community partners. Services need to be expanded:

- To provide instrumental and emotional support to caregivers
- To emphasize mental and emotional well-being for people living with chronic health conditions

To ensure continued equitable language access for Filipinos

Moreover, the City should continue to make healthcare affordable and accessible for all.

# RECOMMENDATIONS

## Advocate for City & County Agencies to Prioritize & Improve Community Health

When community members were asked about ways the City & County can improve the health of Filipinos, they suggested the following:

- **Increase affordable access to healthy and traditional Filipino foods (i.e. grocery stores, farmer's markets, restaurants)**  
Focus group participants felt that the City lacks grocery stores and restaurants that provide their traditional Filipino foods, especially fruits and vegetables. They would like to see more neighborhood and farmer's markets, as well as Filipino restaurants that sell and provide their traditional cultural foods.
- **Maintain and expand parks and open spaces to promote exercise and recreation**  
Our study participants understand that physical activity is important for overall health and to prevent chronic diseases. They feel that parks and open spaces are important for outdoor exercise, yet may feel limited in their neighborhood options -- especially in the SOMA. In addition, safety may be a deterrent to park access.
- **Address issues of safety, affordable housing, and homelessness**  
While the majority of respondents reported feeling generally safe in their neighborhoods, they did acknowledge that the increasing presence of people living in tents and on sidewalks can make elders feel uncomfortable to recreate and exercise outdoors. They recommend that the City address the increasing homelessness problem and support affordable housing initiatives to help improve safety.
- **Support collaborative partnerships between City & County agencies and Filipino-serving organizations**  
Focus group participants want to see increased collaboration and communication between City & County agencies, such as the San Francisco Department of Public Health, Mayor's Office of Housing & Community Development, and the Planning Department with Filipino-serving organizations to ensure the needs and concerns of Filipino residents are being met and heard, and that sufficient culturally and linguistically relevant and competent programs and services are available.

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# APPENDICES

## Appendix A: Survey Tool (Filipino)



### Pangkalusugang Pagsusuri para sa Komunidad

Layunin ng mga katanungang ito na maunawaan ang mga pananaw, pag-uugali, at saloobin ng komunidad ukol sa mga laganap at siryosong karamdaman ngayon tulad ng diyabetes, sakit sa puso, at labis na timbang (obesity). May mga tema din na matatalakay tulad ng karamdamang pang-kaisipan, isyu ng pabahay, at mga kondisyon sa kapaligiran. Ang mga sasagot ng pagsusuring ito ay hindi kikilalanin at mananatiling konpidensyal.

- Saang lungsod/zipcode ka nakatira? \_\_\_\_\_

#### **Para sa mga sumusunod na katanungan, bilugan ang letra na tumutugma sa iyong sagot.**

- Ano ang iyong kasarian? (Piliin ang naglalarawan sa iyong kasalukuyang pagkakakilanlan na kasarian).
  - A. Lalaki
  - B. Babae
  - C. Trans na lalaki
  - D. Trans na babae
  - E. Genderqueer o Non-binary
  - F. Hindi nakalista, paki-tukoy: \_\_\_\_\_
  - G. Ayokong sagutin
- Ano ang iyong oryentasyong sekswal/sekswal na pagkakakilanlan?
  - A. Straight/Heterosekswal
  - B. Bisekswal
  - C. Gay/Lesbian/Queer
  - D. Hindi sigurado
  - E. Hindi nakalista, paki-tukoy: \_\_\_\_\_
  - F. Ayokong sagutin
- Ano ang iyong edad?
  - A. Mas mababa sa 14 taong gulang
  - B. 14-17 taong gulang
  - C. 18-24 taong gulang
  - D. 25-44 taong gulang
  - E. 45-64 taong gulang
  - F. 65-74 taong gulang
  - G. 75 taong gulang at Mas Matanda pa



- Sa aling etnisidad o lahi ka kinikilala? (Piliin ang lahat ng naaangkop):
  - Asyano (pakitukoy ang Asyanong sub-group na kabilang ka): \_\_\_\_\_
  - Iitim/ Aprikanong Amerikano
  - Taga-Isla Pasipiko
  - Katutubong Amerikano (pakitukoy ang Katutubong tribo na kabilang ka): \_\_\_\_\_
  - Latino (pakitukoy ang Latino sub-group na kabilang ka): \_\_\_\_\_
  - Taga-Gitnang Silangan
  - Puti
  - Iba pa, paki-tukoy: \_\_\_\_\_
  - Ayokong sagutin
- Ano ang kasalukuyang katayuan mo sa pag-aasawa?
  - A. Single, hindi pa ikinasal kailanman
  - B. Kasal/May Asawa
  - C. Diborsyado o Diborsyada
  - D. Hiwalay
  - E. Biyudo o Biyuda
- Ano ang (mga) wika o lengguwahe na iyong kadalasang ginagamit? Paki-tukoy:
 

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**(TALAMAK NA MGA ISYUNG PANGKALUSUGAN)**

Ang mga sumusunod na katanungan ay magtatanong tungkol sa iyong pangkalahatang mga kondisyon sa kalusugan at kalusugan na maaaring mayroon ka. Mangyaring bilugan ang sagot na pinaka-mahusay na naglalarawan ng iyong sariling kalusugan.

- Ilarawan ang iyong pangkalahatang kalusugan?
  - A. Mahusay
  - B. Napakabuti
  - C. Mabuti
  - D. Patas o Katamtaman
  - E. Hindi mabuti
- Gaano kadalang dumalaw sa iyong doktor para magpacheck-up sa nakaraang taon (12 buwan)?
  - A. Hindi kailanman (0 beses)
  - B. Isang beses
  - C. Dalawang beses
  - D. Tatlong beses
  - E. Apat na beses o mahigit pa
- Mayroon ka bang kasaysayan ng karamdaman o sakit na karaniwan sa iyong pamilya?
  - A. Oo
  - B. Hindi
  - C. Hindi ko alam

- Kung Oo, paki-tukoy ang (mga) karamdaman/sakit: \_\_\_\_\_
  
- Mayroon ka bang Type 2 Diabetes?
  - A. Oo
  - B. Hindi
  - C. Hindi ko alam
  
- Ano ang iyong pangkaraniwang lebel ng blood sugar?
  - A. Mas mababa sa 70 mg/dL (mababang blood sugar)
  - B. 70 to 100 mg/dL (normal na blood sugar)
  - C. Mahigit sa 100 mg/dL (mataas na blood sugar)
  - D. Hindi ko alam
  
- Gaano ka kadalas magutom?
  - A. Hindi kailanman
  - B. Minsan
  - C. Madalas
  - D. Sa lahat ng oras
  
- Nakakaramdam ka ba ng sintomas ng hypoglycemia (mababang antas o lebel ng blood sugar) tulad ng pagkahilo, malabo na paningin, gutom, pagkabalisa / pagkabagabag, o pagpapawis nang madalas?
  - Oo
  - Hindi
  - Hindi ko alam
  
- Kung ikaw ay na-diagnose ng Type 2 diabetes, ano ang iyong reaksiyon o pakiramdam? Paki-paliwanag:
 

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- Umiinom ka ba ng gamot/mga gamot para sa iyong diabetes?
  - A. Oo
  - B. Hindi
  
- Kung Oo, ano ang gamot/mga gamot na iniinom mo? Paki-tukoy:
 

---
  
- Mayroon ka bang hipertensyon (mataas na presyon)?
  - A. Oo
  - B. Hindi
  - C. Hindi ko alam

- Regular mo bang sinusuri ang iyong presyon sa dugo?
  - A. Oo
  - B. Hindi
  - C. Hindi kailanman
  
- Ano ang iyong pangkaraniwang lebel ng presyon sa dugo?
  - A. Mas mababa sa 120 mm Hg / Mas mababa sa 80 mm Hg
  - B. 120-139 mm Hg / 80-89 mm Hg
  - C. 140-159 mm Hg / 90-99 mm Hg
  - D. Mas mahigit sa 160 mm Hg / Mas mahigit sa 100 mm Hg
  - E. Hindi ko alam
  
- Umiinom ka ba ng gamot/mga gamot para sa iyong presyon sa dugo?
  - A. Oo
  - B. Hindi
  
- Kung Oo, ano ang gamot/mga gamot na iniinom mo? Paki-tukoy:
 

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- Sa iyong palagay o opinyon, bakit mapanganib ang pagkakaroon ng mataas na presyon sa dugo? Paki-paliwanag:
 

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- Gumagamit ka ba ng tabako?
  - A. Oo
  - B. Hindi
  
- Kung Oo, gaano ka kadalas gumamit ng tabako?
  - A. Araw-araw
  - B. Lingguhan
  - C. Buwanan
  - D. Madalang sa isang buwan
  - E. Pa-minsan minsan
  - F. Hindi ko alam
  
- Anong uri ng mga produktong tabako ang iyong ginagamit? Piliin ang lahat ng naaangkop.
  - Tabakong sigarilyo
  - E-cigarettes o produktong pang-vape
  - Smokeless na tabako
  - Pipes o hookahs
  - Kreteks (sigarilyong gawa sa clove)
  - Bidis (sigarilyong may dagdag na mga flavorings)
  - Menthol cigarette (sigarilyong may dagdag na menthol flavoring)

Cigars

Iba pa, paki-tukoy: \_\_\_\_\_

● Ilang beses kang gumagamit ng produktong tabako kada araw?

- A. Hindi kailanman
- B. 1-3 beses
- C. 4-6 beses
- D. 7-10 beses
- E. 11 beses at higit pa

● Bakit ka naninigarilyo? Paki-paliwanag:

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● Ikaw ba ay pabor sa pagbabawal o pag-reregula ng paninigarilyo sa pampublikong lugar?

- A. Oo
- B. Hindi
- C. Hindi ko alam

● Paki-paliwanag kung bakit or bakit hindi?

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● Gaano kadalas kang kumain ng fast food sa loob ng isang linggo?

- A. Hindi kailanman
- B. 1-3 beses
- C. 4-6 beses
- D. 7-10 beses
- E. 11 beses at higit pa

● Kumakain ka ba ng prutas at gulay bilang bahagi ng iyong pang-araw-araw na pagkain?

- Oo
- Hindi
- Hindi Kailanman
- Pa-minsan minsan

● Sa nakaraang linggo (huling 7 araw), ilan sa iyong mga pagkain o meryenda ang may kabilang na gulay?

- A. 0 pagkain, hindi ako kumain ng anumang gulay sa linggong ito
- B. 1-4 pagkain / meryenda
- C. 5-8 pagkain / meryenda
- D. 9-14 pagkain / meryenda
- E. 15 pagkain / meryenda o mahigit pa

- Sa nakaraang linggo (huling 7 araw), ilan sa iyong mga pagkain o meryenda ang may kabilang na prutas?
  - A. 0 pagkain, hindi ako kumain ng anumang prutas sa linggong ito
  - B. 1-4 pagkain / meryenda
  - C. 5-8 pagkain / meryenda
  - D. 9-14 pagkain / meryenda
  - E. 15 pagkain / meryenda o mahigit pa

- Umiinom ka ba ng alak o inuming nakalalasing

- Oo
- Hindi

- Kung Oo, gaano ka kadalas uminom ng alak o inuming nakalalasing?

- A. Araw-araw
- B. Lingguhan
- C. Buwanan
- D. Madalang sa isang buwan
- E. Pa-minsan minsan
- F. Hindi ko alam

- Karaniwan, gaano karaming alak o inuming nakalalasing ang iniinom mo bawat araw?

- A. 0 inumin, hindi ako umiinom ng alak o anumang inuming nakakalasing
- B. 1-3 inumin
- C. 4-6 inumin
- D. 7-9 inumin
- E. 10 inumin o mahigit pa

Karaniwan, gaano karaming 8 oz. na baso ng tubig ang iniinom mo bawat araw?

- A. 0 baso
- B. 1-3 baso
- C. 4-6 baso
- D. 7-9 baso
- E. 10 baso o mahigit pa

- Gaano karaming inuming may asukal (soda, fruit juice, de-latang kape, enerhiya o inuming pampalakas, etc.) ang iniinom mo bawat araw?

- A. 0 inumin, hindi ako umiinom ng inuming may asukal
- B. 1-3 inumin
- C. 4-6 inumin
- D. 7-9 inumin
- E. 10 inumin o mahigit pa

- Nagawa mo bang mag-ehersisyo o anumang pisikal na aktibidad sa nakaraang linggo (huling 7 araw)?

- Oo
- Hindi

- Sa nakaraang linggo (huling 7 araw), ilang oras ang ginugol mo sa paggawa ng pisikal na aktibidad /ehersisyo bawat araw? Ipahiwatig ang isang tiyak na numero.  
 \_\_\_\_\_ oras kada araw  
 \_\_\_\_\_ minuto kada araw
- Sa nakaraang linggo (huling 7 araw), ilang beses kang gumawa ng isang pisikal na aktibidad / ehersisyo nang hindi bababa sa 30 minuto?  
 A. 0 beses  
 B. 1-2 beses  
 C. 3-4 beses  
 D. 5-6 beses  
 E. 7 beses o mahigit pa
- Anong uri ng pisikal na aktibidad / ehersisyo ang ginagawa mo nang hindi bababa sa 30 minuto? Paki-tukoy.  
 (Ang mga pisikal na aktibidad na tinutukoy ay kagaya ng ehersisyong may lebel na mahirap, katamtaman, at madali. Ang ibang halimbawa ay tulad ng pagbubuhat, pagtakbo, paglalakad, atbp.)  
 \_\_\_\_\_  
 \_\_\_\_\_
- Ilang oras ang ginugugol mo sa pag-upo? Ipahiwatig ang isang tiyak na numero.  
 \_\_\_\_\_ oras bawat araw  
 \_\_\_\_\_ minuto bawat araw  
 \_\_\_\_\_ Hindi ko alam / Hindi sigurado
- Ano ang iyong timbang?  
 Halimbawa: (130 pounds = 58.9 kilogram)  
 \_\_\_\_\_ pounds (lbs.)  
 \_\_\_\_\_ kilogram (kg.)  
 \_\_\_\_\_ Wala akong ideya kung ano ang aking timbang
- Ano ang iyong taas / Gaano ka kataas?  
 Halimbawa: (5'3= 5 foot 3 o 5'3= 63 inches)  
 \_\_\_\_\_ inches (in.)  
 \_\_\_\_\_ centimeter (cm.)  
 \_\_\_\_\_ Wala akong ideya kung gaano akong taas

### **IBA PANG ISYUNG PANGKALUSUGAN AT PANGKOMUNIDAD**

Ang susunod na hanay ng mga katanungan ay tungkol sa iba pang mga tema tulad ng kalusugang pangkaisipan (mental health), isyu sa pabahay (housing), at iba pang mga kondisyon sa kapaligiran o komunidad. Mangyaring punan ang bawat tanong sa iyong makakaya at pumili ng isang sagot na pinakamahusay na naglalarawan sa iyong sariling sitwasyon.

- Sa scale ng 1 hanggang 5, i-rate ang iyong pangkalahatang kalusugan sa kaisipan (mental health).
    - 1: Hindi mabuti
    - 2: Patas o Katamtaman
    - 3: Mabuti
    - 4: Napakabuti
    - 5: Mahusay
  
  - Sa nakaraang linggo (huling 7 araw), gaano kadalas ang naramdaman mong negatibong damdamin (halimbawa: kalungkutan o damdamin ng depresyon)?
    - A. Palagi
    - B. Madalas
    - C. Medyo madalas
    - D. Hindi madalas
    - E. Hindi kailanman
  
  - Sa nakaraang linggo (huling 7 araw), gaano kadalas nakaapekto ang iyong negatibong damdamin sa iyong personal na relasyon?
    - A. Palagi
    - B. Madalas
    - C. Medyo madalas
    - D. Hindi madalas
    - E. Hindi kailanman
  
  - Sa nakaraang linggo (huling 7 araw), gaano kadalas nakaapekto o nakagambala ang iyong negatibong damdamin sa iyong kakayahang magtrabaho o matapos ang ilang mga gawain/ layunin?
    - A. Palagi
    - B. Madalas
    - C. Medyo madalas
    - D. Hindi madalas
    - E. Hindi kailanman
  
  - Sa scale ng 1 hanggang 5, i-rate ang iyong pangkalahatang kapaguran?
    - 1: Hindi pagod
    - 2: Medyo pagod
    - 3: Patas o katamtamang pagod
    - 4: Pagod na pagod
    - 5: Lubhang pagod
  
  - Ano ang kadalasan mong ginagawa kapag ikaw ay pagod, malungkot, o nakakaramdam ng NEGATIBONG mga saloobin sa iyong sarili? Paki-paliwanag.
- 
-

- Sa nakaraang linggo (huling 7 araw), gaano kadalas ang naramdaman mong positibong damdamin (halimbawa: galak, tuwa, kasiyahan, atbp.)?
  - A. Palagi
  - B. Madalas
  - C. Medyo madalas
  - D. Hindi madalas
  - E. Hindi kailanman
- Sa nakaraang linggo (huling 7 araw), gaano kadalas nakaapekto ang iyong positibong damdamin sa iyong personal na relasyon?
  - A. Palagi
  - B. Madalas
  - C. Medyo madalas
  - D. Hindi madalas
  - E. Hindi kailanman
- Sa nakaraang linggo (huling 7 araw), gaano kadalas nakaapekto ang iyong positibong damdamin sa iyong kakayahang magtrabaho o matapos ang ilang mga gawain / layunin?
  - A. Palagi
  - B. Madalas
  - C. Medyo madalas
  - D. Hindi madalas
  - E. Hindi kailanman
- Ano ang kadalasan mong ginagawa kapag ikaw ay masaya o nakakaramdam ng POSITIBONG mga saloobin sa iyong sarili? Paki-paliwanag.

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- Ano ang iyong kasalukuyang katayuan/ estado sa housing?
  - A. Umuupa ako
  - B. Ako ay isang may-ari ng bahay
  - C. Wala akong tirahan o walang permanenteng pabahay / tirahan
  - D. Ayokong sagutin
- Anong uri ng pabahay o yunit ng housing ang iyong kasalukuyang tinitirahan?
  - A. Bahay
  - B. Apartment/Flat
  - C. In-law housing
  - D. Mobile home
  - E. SRO (single room occupancy)
  - F. Pansamantalang hotel/motel
  - G. Permanenteng hotel/motel
  - H. Silid o boarding house
  - I. Sasakyan, please specify: \_\_\_\_\_
  - J. Iba pa, please specify: \_\_\_\_\_



- Piliin kung ano ang akma sa paglalarawan ng kalagayan ng iyong kasalukuyang tirahan o yunit ng housing?  
Ang mga kondisyon na ito ay tumutukoy sa kalidad ng mga bintana, pintuan, dingding, sahig, kuryente, tubig, kalidad ng mga tubo, peste, atbp.
  - A. Napakahusay na kondisyon (walang pinsala at hindi kailangan mag-ayos)
  - B. Napakagandang kondisyon
  - C. Mabuting kondisyon
  - D. Katamtamang kondisyon
  - E. Mababang kalidad o kondisyon (mayroong pangunahing pinsala at nangangailangan ng agarang pag-aayos)
  
- Kasama ang iyong sarili, ilang tao sa kabuuan ang naninirahan o nananatili sa iyong kasalukuyang yunit ng housing / tirahan? \_\_\_\_\_
  - A. Mula sa kabuuan, ilang tao sa iyong sambahayan ang ADULT (may edad na 18 taong gulang pataas)? \_\_\_\_\_
  - B. Mula sa kabuuan, ilang tao sa iyong sambahayan ang MINOR (mas bata sa 18 taong gulang)? \_\_\_\_\_
  
- Ano ang kabuuang kita ng iyong sambahayan sa loob ng isang taon?
  - Mas mababa sa \$25,000
  - \$25,000 hanggang \$34,999
  - \$35,000 hanggang \$49,999
  - \$50,000 hanggang \$74,999
  - \$75,000 hanggang \$99,999
  - \$100,000 hanggang \$149,999
  - \$150,000 o mahigit pa
  - Hindi ko alam o Ayokong sagutin
  
- Ano ang paninindigan mo tungkol sa pahayag na ito, "**Ang gastusin na binabayaran ko para sa aking tirahan o pambuwang upa sa bahay ay higit pa kumpara sa buwang badyet na kinikita ko.**"
  - A. Lubos na sumasang-ayon
  - B. Sang-ayon
  - C. Neutral
  - D. Hindi sumasang-ayon
  - E. Lubos na hindi sumasang-ayon
  - F. Hindi naangkop sa akin
  
- Ano ang paninindigan mo tungkol sa pahayag na ito, "**Ako ay ligtas sa aking kapaligiran o sariling komunidad**".
  - A. Lubos na sumasang-ayon
  - B. Sang-ayon
  - C. Neutral
  - D. Hindi sumasang-ayon
  - E. Lubos na hindi sumasang-ayon

- **Ano ang iyong paninindigan tungkol sa pahayag na ito, "Mayroong mga serbisyo at resources na mapagkukunan sa aking komunidad na magagamit ko upang mapabuti ang aking mga kondisyon at pangkalahatang kalusugan."**
  - A. Lubos na sumasang-ayon
  - B. Sang-ayon
  - C. Neutral
  - D. Hindi sumasang-ayon
  - E. Lubos na hindi sumasang-ayon

**Maraming salamat sa iyong oras sa pagsagot ng pangkalusugan survey na ito!**

## Appendix B: Survey Tool (English)



### Community Health Survey

We would like to ask you a few questions to help us understand our community's knowledge, behaviors, attitudes and perceptions of chronic diseases (ex: Type 2 diabetes, cardiovascular/heart disease and overweight/obesity) and prevention. Other topics of mental health, housing status and neighborhood conditions will also be determined. This health survey will be kept anonymous and no name will be available to the person(s) analyzing the collected data.

- What neighborhood/zip code do you live in? \_\_\_\_\_

**For the following questions, circle the letter that corresponds to your answer.**

- What is your gender? (Choose one that best describes your current gender identity)
  - A. Male
  - B. Female
  - C. Trans Male
  - D. Trans Female
  - E. Genderqueer or Non-binary
  - F. Not listed, please specify: \_\_\_\_\_
  - G. Decline to state
- What is your sexual orientation/sexual identity?
  - A. Straight/Heterosexual
  - B. Bisexual
  - C. Gay/Lesbian/Queer
  - D. Unsure
  - E. Not listed, please specify: \_\_\_\_\_
  - F. Decline to State

- What is your age?
  - A. Less than 14 years old
  - B. 14 to 17 years old
  - C. 18 to 24 years old
  - D. 25 to 44 years old
  - E. 45 to 64 years old
  - F. 65 to 74 years old
  - G. 75 years old and Older
  
- Which ethnicity/race do you identify? (select all that apply)
  - Asian (Specify the Asian sub-group you identify with): \_\_\_\_\_
  - Black/African American
  - Pacific Islander
  - Native American (Specify Native American tribe/group you identify with): \_\_\_\_\_
  - Latinx (Specify the Latinx sub-group you identify with): \_\_\_\_\_
  - Middle Eastern
  - White
  - Other, please specify: \_\_\_\_\_
  - Decline to State
  
- What is your current marital status?
  - A. Single, never married
  - B. Married or Domestic partnership
  - C. Divorced
  - D. Separated
  - E. Widowed
  
- What language(s) do you speak? Please specify: \_\_\_\_\_

### **CHRONIC HEALTH ISSUES**

The following questions will ask about your overall health and health conditions you may have. Please fill out each question as best as you can and choose an answer that best describes your own health.

- Describe your overall health?
  - A. Excellent
  - B. Very Good
  - C. Good
  - D. Fair
  - E. Poor
  
- How often have you visited your doctor for a medical check-up in the last year (12 months)?
  - A. Never (0 times)
  - B. Once
  - C. Twice
  - D. Three times
  - E. Four times or more

- Do you have a family history of health issue(s)?

- YES
- NO
- I DON'T KNOW

If YES, please specify the health issue(s): \_\_\_\_\_

- Do you have Type 2 diabetes?

- YES
- NO
- I AM NOT AWARE

- What is your average blood sugar level?

- A. less than 70 mg/dL (low blood sugar)
- B. 70 to 100 mg/dL (normal blood sugar)
- C. greater than 100 mg/dL (high blood sugar)
- D. I have no idea

- How often do you feel hungry?

- A. Never
- B. Sometimes
- C. Often
- D. All the time

- Do you feel symptoms of hypoglycemia (low blood sugar level) such as dizziness, blurred vision, hunger, sweating, anxiety/nervousness, or/and sweating often?

- YES
- NO
- I AM NOT AWARE

- If you were diagnosed with Type 2 diabetes, what was your feeling or reaction? Please specify:

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- Do you take medication(s) for your diabetes?

- YES
- NO

If YES, what medication(s) do you take? Please specify:

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- Do you have hypertension (high blood pressure)?
  - YES
  - NO
  - I AM NOT AWARE
  
- Do you regularly check your blood pressure?
  - YES
  - NO
  - NEVER
  
- What is your average blood pressure level?
  - A. Less than 120 mm Hg / less than 80 mm Hg
  - B. 120-139 mm Hg / 80-89 mm Hg
  - C. 140-159 mm Hg / 90-99 mm Hg
  - D. Greater than 160 mm Hg / greater than 100 mm Hg
  - E. I have no idea
  
- Do you take medication(s) for your hypertension?
  - YES
  - NO

If YES, what medication(s) do you take? Please specify:

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- Why do you think having high blood pressure is dangerous? Please explain.

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- Do you use tobacco?
  - YES
  - NO
  
- If YES, how often do you use tobacco?
  - A. Daily
  - B. Weekly
  - C. Monthly
  - D. Less than monthly
  - E. Do not know

- What type of tobacco product(s) do you use? Check all that apply.
  - Tobacco cigarettes
  - E-cigarettes or vaping products
  - Smokeless tobacco
  - Pipes or hookahs

- Kreteks (clove cigarettes)
- Bidis (flavored cigarettes)
- Menthol cigarettes
- Cigars/cigarillo
- Other, please specify: \_\_\_\_\_

- On average, how many times do you use tobacco products per day?
  - A. 0-3 times
  - B. 4-6 times
  - C. 7-10 times
  - D. More than 11 times

- Why do you smoke? Please explain.

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- Are you in favor of banning or regulating public smoking?

- YES
- NO
- I DON'T KNOW

Please explain why or why not?

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- On average, how often do you eat fast food per week?

- A. 0-3 times
- B. 4-6 times
- C. 7 or more
- D. I don't eat fast food

- Do you eat fruits and vegetables as part of your daily diet/food intake?

- YES
- NO
- NEVER
- SOMETIMES

- During the past week (last 7 days), how many of your meals or snacks included vegetables?

- A. 0 meals, I did not eat any vegetables this week
- B. 1-4 meals/snacks
- C. 5-8 meals/snacks
- D. 9-14 meals/snacks
- E. 15 or more meals/snacks

- During the past week (last 7 days), how many of your meals or snacks included fruits?
  - A. 0 meals, I did not eat any fruit this week
  - B. 1-4 meals/snacks
  - C. 5-8 meals/snacks
  - D. 9-14 meals/snacks
  - E. 15 or more meals/snacks
- Do you drink alcohol?
  - YES
  - NO
- If YES, how often do you drink alcohol?
  - A. Daily
  - B. Weekly
  - C. Monthly
  - D. Less than monthly
  - E. Occasionally
  - F. Do not know
- On average, how many alcoholic drinks do you drink per day?
  - A. 0 drinks, I do not drink alcohol
  - B. 1-4 drinks
  - C. 5-7 drinks
  - D. 8-11 drinks
  - E. 12 or more drinks
- On average, how many 8 oz. glasses of water do you drink per day?
  - A. 0 glasses
  - B. 1-3 glasses
  - C. 4-6 glasses
  - D. 7-9 glasses
  - E. 10 glasses or more
- How many sugary drinks (soda, fruit juice, canned coffee, energy or sport drinks, sweetened tea beverage) do you consume per day?
  - A. 0 sugary drinks
  - B. 1-3 sugary drinks
  - C. 4-6 sugary drinks
  - D. 7-9 sugary drinks
  - E. 10 or more sugary drinks
- Did you do any physical activity or exercise in the past week (last 7 days)?
  - YES
  - NO

During this past week (last 7 days), how much time did you spend doing physical activity/exercise per day? Indicate a specific number.



\_\_\_\_\_ hours per day  
\_\_\_\_\_ minutes per day

- During this past week (last 7 days), how many times did you do a physical activity/exercise for at least 30 minutes?
    - A. 0 times
    - B. 1 to 2 times
    - C. 3 to 4 times
    - D. 5 to 6 times
    - E. 7 or more times
  - What kind of physical activity/exercise do you do for at least 30 minutes? Please specify. (The physical activities can vary from vigorous, moderate, light and even walking exercises)
- 
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- How much time do you spend sitting? Please indicate a specific number.

\_\_\_\_\_ Hours per day  
\_\_\_\_\_ Minutes per day  
\_\_\_\_\_ I Do not know/Unsure

- What is your weight?  
*Example weight: (130 pounds = 58.9 kilograms)*

\_\_\_\_\_ pounds (lbs.) or  
\_\_\_\_\_ kilogram (kg.)  
\_\_\_\_\_ I have no idea what my weight is

- What is your height?  
*Example height: (5'3= 5 foot 3 OR 5'3= 63 inches)*

\_\_\_\_\_ inches (in.) or  
\_\_\_\_\_ centimeters (cm.)  
\_\_\_\_\_ I have no idea what my height is

## **OTHER HEALTH & COMMUNITY ISSUES**

The next set of survey questions will ask you about other topics such as mental health, housing, and other environmental/neighborhood conditions. Please fill out each question as best as you can and choose one answer that best describes your own situation.

- On a scale of 1 to 5, rate your overall mental health.
  - 1: Poor
  - 2: Fair
  - 3: Good
  - 4: Very Good
  - 5: Excellent

- During this past week (last 7 days), how often did you feel negative feelings (e.g. sadness or feelings of depression)?
  - A. Extremely often
  - B. Very often
  - C. Somewhat Often
  - D. Not so Often
  - E. Not at all
  
- During this past week (last 7 days), how often has your mental health negatively impacted your personal and social relationships?
  - A. Extremely often
  - B. Very often
  - C. Somewhat often
  - D. Not so often
  - E. Not at all
  
- During this past week (last 7 days), how often has your mental health negatively impacted or interfered with your ability to work or accomplish certain tasks/goals?
  - A. Extremely often
  - B. Very often
  - C. Somewhat often
  - D. Not so often
  - E. Not at all
  
- On a scale of 1 to 5, how tired do you generally feel?
  - 1: Not tired at all
  - 2: Somewhat tired
  - 3: Fairly Tired
  - 4: Very Tired
  - 5: Extremely Tired
  
- What do you do when you are feeling down, tired, or negative about yourself/mental health?  
Please explain.
 

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- During this past week (last 7 days), how often did you feel positive feelings (e.g. happiness, contentment, joy, etc.)?
  - A. Extremely often
  - B. Very often
  - C. Somewhat Often
  - D. Not so Often
  - E. Not at all

- During this past week (last 7 days), how often has your mental health positively impacted your personal and social relationships?
  - A. Extremely often
  - B. Very often
  - C. Somewhat often
  - D. Not so often
  - E. Not at all
- During this past week (last 7 days), how often has your mental health positively impacted your ability to work or accomplish certain tasks/goals?
  - A. Extremely often
  - B. Very often
  - C. Somewhat often
  - D. Not so often
  - E. Not at all
- What do you do when you are feeling positive about yourself/mental health? Please explain.

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- What is your current housing status?
  - A. I rent
  - B. I am a homeowner
  - C. I am homeless or have no permanent housing/residence
  - D. Decline to state
- What type of housing unit or residence do you currently live in?
  - A. House
  - B. Apartment/Flat
  - C. In-law housing
  - D. Mobile home
  - E. SRO (single room occupancy)
  - F. Temporary hotel/motel
  - G. Permanent hotel/motel
  - H. Rooming or boarding house
  - I. Vehicle, please specify: \_\_\_\_\_
  - J. Other, please specify: \_\_\_\_\_
- Choose what best describes the condition of your current housing unit/residence you live in?  
*The conditions can vary from the quality of windows, doors, walls, flooring, electricity, water, plumbing, pest infestation, etc.*
  - A. Excellent condition (has no damages and doesn't need repairing)
  - B. Very good Condition
  - C. Good condition
  - D. Fair Condition
  - E. Poor Condition (has major damages and needs immediate repairing)

- Including yourself, how many people in TOTAL live or stay in your current housing unit/residence? \_\_\_\_\_  
 From that total, how many people in your household are ADULTS (ages 18 years old and above)? \_\_\_\_\_  
 From that total, how many people in your household are MINORS (younger than 18)? \_\_\_\_\_
- What is the estimated total income of your household (including all adults) per year?
  - Less than \$25,000
  - \$25,000 to \$34,999
  - \$35,000 to \$49,999
  - \$50,000 to \$74,999
  - \$75,000 to \$99,999
  - \$100,000 to \$149,999
  - \$150,000 or more
  - Don't know or Decline to state
- What is your stance about this statement, **"The cost that I pay for my housing/rent is too much compared to the monthly budget I earn."**
  - A. Strongly agree
  - B. Agree
  - C. Neutral
  - D. Disagree
  - E. Strongly disagree
  - F. Does not apply
- What is your stance about this statement, **"I feel safe in my neighborhood."**
  - A. Strongly agree
  - B. Agree
  - C. Neutral
  - D. Disagree
  - E. Strongly disagree
- What is your stance about this statement, **"There are community resources available for me to improve my health conditions and overall health."**
  - A. Strongly agree
  - B. Agree
  - C. Neutral
  - D. Disagree
  - E. Strongly disagree

**Thank you for taking your time to answer this community health survey!**

## APPENDIX C: FOCUS GROUP QUESTIONS (FILIPINO)

1. Mangyaring sabihin sa akin ang isang taong kilala mo (maaaring ito ay isang malapit na kaibigan o miyembro ng pamilya) na apektado ng isang malalang sakit. Ang mga sakit na tinutukoy ay gaya ng hipertensyon, sakit sa puso (stroke/atake sa puso), Type 2 diabetes o labis na timbang. Paano mo nakilala ang taong ito at gaano katagal na nila naranasan ang mga sakit na nabanggit?
2. Paano ipinaliwanag ng iyong kaibigan o miyembro ng pamilya ang sakit na meron sila?
3. Paano ito nakakaapekto sa kanilang pang-araw-araw na pamumuhay?
4. Regular bang bumisita ang iyong kaibigan / miyembro ng pamilya sa doktor para ipa-check-up at i-kontrol ang kanilang sakit?
  - A. Ano ang kanilang experience tuwing bibisita sila sa kanilang doktor/check-up?
  - B. Ang transportasyon ay isa bang isyu? Bakit o Bakit hindi?
  - C. Ang health insurance o halaga ng magiging medikal bill ay isa bang isyu? Bakit o Bakit hindi?
  - D. Ang lenggwahe o wika ay isa bang isyu? Bakit o Bakit hindi?
  - E. Ano pa ang ibang mga hadlang o hamon na pumipigil sa iyong kaibigan / miyembro ng pamilya na magkaroon ng regular na pagbisita sa doktor o check-up?
5. Mayroon bang iniinom na gamot ang iyong kaibigan / miyembro ng pamilya upang kontrolin ang kanilang sakit?
  - a. Anong gamot ang iniinom nila at gaano kadalas?
  - b. Ano ang ilang mga hamon sa regular na pag-inom ng gamot? Ito ba ay dahil sa:
    - i. Health insurance?
    - ii. Habilin o instruksyon sa pag-inom ng gamot?
    - iii. Presyo ng gamot?
6. Anong pang mga uri ng suporta sa pamilya o komunidad mayroon ang iyong kaibigan o miyembro ng pamilya upang makatulong sa pagkontrol ng kanilang sakit?
7. Paano nakaapekto ang mga malalang sakit na ito sa relasyon ng iyong kakilala o kapamilya sa ibang tao?
8. Paano nakaapekto ang mga malalang sakit na ito sa pang-pinansyal kalagayan (financial health) ng iyong kaibigan o miyembro ng pamilya?
9. How has this chronic disease affected your friend's or family member's psychological and emotional well-being?

**10.** Ang mga malalang sakit tulad ng mataas na presyon, sakit sa puso tulad ng stroke, Type 2 diabetes, at labis na timbang ay maaaring resulta ng mga indibidwal na pamumuhay ng isang tao. Kasama na dito ang diyeta, ehersisyo, at paggamit ng alkohol, sigarilyo / tabako. Mangyaring sabihin at i-detalye sa akin ang tungkol sa pamumuhay at choices ng iyong kaibigan o pamilya.

**11.** Ano sa tingin mo ang (mga) paraan para maisaayos at mapabuti ang kalagayan, pamumuhay at choices ng iyong kaibigan o pamilya?

**12.** Kadalasan, ang ating mga choices at kalagayan sa buhay ay impluwensya ng ating kapaligiran. Maari itong galing sa ating komunidad, mga napapanood sa TV, balita o social media, mga personal na problema o mga kaganapan sa ating pamilya, atbp. Anong mga kadahilanan sa kapaligiran (environmental factors) sa palagay mo ang nakakaapekto sa pamumuhay at choices ng iyong kaibigan o miyembro ng pamilya?

**13.** Pinaplano ng SOMCAN ang pagkakaroon ng mga pang-edukasyon workshops upang maituro sa komunidad ang tungkol sa mga malalang sakit (chronic disease) at kung paano maiwasan ang mga ito. Anong mga topic, ideya, o rekomendasyon ang pwede ninyong ibahagi para sa mga workshop na ito, at bakit? Ano ang nais ninyong malaman/matutunan?

**14.** Bilang nakatira kayo sa San Francisco, ano sa palagay mo ang magagawa ng City (Lungsod ng San Francisco) upang makatulong na mabawasan ang mga malalang sakit sa ating komunidad?

## **APPENDIX D: FOCUS GROUP QUESTIONS (ENGLISH)**

**1.** Please tell me someone you know (this could be a close friend or family member) that is affected by a chronic disease. Chronic diseases include hypertension or high blood pressure, cardiovascular disease such as strokes and heart attacks, type 2 diabetes, and overweight/obesity. How do you know this person and for how long have they experienced this chronic disease?

**2.** How does your friend or family member explain this chronic disease?

**3.** How does it affect their day-to-day living?

**4.** Does your friend or family member have regular medical visits to manage this chronic disease?

a. What are these medical visits like?

b. Is transportation an issue? Why/why not?

- c. Is health insurance or cost an issue? Why/why not?
  - d. Is language an issue? Why/why not?
  - e. What other challenges or barriers prevent your friend or family member from having regular medical visits?
- 5.** Does your friend or family member take medication to manage this chronic disease?
- a. What medication do they take and how often?
  - b. What are some challenges to taking medication regularly?
    - i. Health insurance?
    - ii. Instructions?
    - iii. Cost?
- 6.** What kinds of family or community support does your friend or family member have to help manage their chronic disease?
- 7.** How has this chronic disease affected your friend's or family member's relationships to others?
- 8.** How has this chronic disease affected your friend's or family member's financial health?
- 9.** How has this chronic disease affected your friend's or family member's psychological and emotional well-being?
- 10.** Chronic diseases such as hypertension or high blood pressure, cardiovascular disease such as strokes and heart attacks, type 2 diabetes, and overweight/obesity can be a result of individual lifestyles and choices. This includes diet, exercise, and alcohol/tobacco use. Please tell me about your friend's or family member's lifestyle and choices.
- 11.** What do you think can be done to improve your friend's or family member's lifestyle and choices?
- 12.** Often our lifestyle and choices are shaped by what is in the environment. This could be in the neighborhood, what's on television, what happens in our families, etc. What environmental factors do you think affect your friend's or family member's lifestyle and choices?
- 13.** SOMCAN is planning on having health educational workshops to teach our community about chronic diseases and how to prevent them. What topics, suggestions, recommendations do you have for these workshops, and why? What would you like to learn about?
- 14.** What do you think the City can do to help reduce chronic diseases in our community?



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