1. Prevalence and Determinants of Type II Diabetes Among Filipino-Americans: (ABSTRACT) A cross-sectional survey was conducted in the Houston, Texas, metropolitan statistical area between September 1998 and March 2000. The convenience sample included 831 Filipino-American participants aged 20–74 years. The major risk factors assessed were age, sex, family history of diabetes, socioeconomic status, obesity (BMI >30), physical inactivity, acculturation, region of birth and, in women, history of gestational diabetes and delivery of a baby weighing >9 lb. Overall prevalence was estimated to be 16.1% (95% CI 13.5–18.7). Multivariate logistic regression analyses identified independent risk factors: increasing age from ages 35–44 years (odds ratio [OR] 5.6, 95% CI 1.5–20.5) to 65–74 years (34.2, 7.2–163.0); male sex (1.8, 1.1–32.1); family history of diabetes (4.7, 2.6–8.5); obesity (3.6, 1.4–9.0); region of birth, Mindanao (3.2, 1.3–7.7); and, among women, gestational diabetes (21.7, 6.7–69.7) and low income (5.3, 1.4–20.2). The study observed a high prevalence of type II diabetes and supports earlier studies suggesting that Filipinos are at higher risk for type II diabetes than the U.S. non-Hispanic white population.


2. Diabetes and Coronary Heart Disease in Filipino-American Women: Role of growth and life-course socioeconomic factors: (ABSTRACT) Socioeconomic disadvantage and poor infant growth, resulting in short leg length, may contribute to the dramatically increased risk of diabetes and CHD in Filipino-American women, but this has not been investigated. This study is a cross-sectional study of 389 Filipino-American women (age 58.7 ± 9.4 years [mean ± SD]). Diabetes was defined by 1999 World Health Organization criteria and CHD by ischemic electrocardiogram changes, Rose angina, a history of myocardial infarction, or revascularization surgery. A score of social mobility (0–4) was calculated by summarizing childhood and adult financial circumstances. Diabetes prevalence (31.4%) was not associated with measures of growth but was significantly lower in women with greater education, childhood and adult income, or social mobility score. Compared with Filipinas who were poorest in childhood and adulthood, respective odds ratios (95% CI) for diabetes were 0.55 (0.18–1.68), 0.19 (0.06–0.62), and 0.11 (0.03–0.42), down to 0.07 (0.01–0.51) in the most advantaged women (P < 0.0001). Family history of diabetes [5.14 (2.72–9.70)] and larger waist [1.07 per cm (1.03–1.10)] were also significant predictors in multiple adjusted models. In contrast, CHD prevalence (22.4%) was most strongly associated with leg length, but not trunk length; compared with individuals with the shortest legs, respective odds ratios (95% CI) for CHD were 0.60 (0.31–1.19), 0.53 (0.26–1.05), and 0.44 (0.22–0.91) in the tallest group, in age- (P_trend = 0.02) and multiple-adjusted models (P_trend = 0.01). Socioeconomic disadvantage contributes to the high prevalence of diabetes in Filipinas. Factors limiting early growth of the legs may increase the risk of CHD in this comparatively short population.


3. Physical Activity Among Older Filipino-American Women: (ABSTRACT) Filipino women (N = 530, mean age 63 years, predominantly low income) were recruited through various community based organizations and churches in Los Angeles County. All women were randomly invited to attend a single group session with a Filipino health educator to discuss breast and cervical cancer screening or the health benefits of exercise. At 3 months after the group session, the exercise assessment tool used in the National Health and Nutrition Examination Survey III was completed
by 487 women (92 percent retention rate). This paper describes the pattern of physical activity among older Filipino-American women and a physical activity intervention specifically designed for this group.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1618778/

4. Self-care behaviors of Filipino-American adults with Type II Diabetes Mellitus:
(ABSTRACT) To examine the diabetes self-care behaviors of Filipino-American (FA) adults with type II diabetes mellitus (DM). Older Filipino-Americans (≥65 years), females, those who were older when they immigrated, and participants diagnosed with type II DM longer were more likely to follow recommended medication regimens. Younger Filipino-Americans (<65 years) and participants diagnosed with type II DM for shorter duration of time were less likely to perform blood glucose testing. Most Filipino-Americans reported following their eating plans; however, those who lived in the United States (US) longer followed healthful eating plans. Likewise, females reported eating five or more servings of fruits and/or vegetables daily. Moreover, older Filipino-Americans reported evenly spacing carbohydrate intake everyday. Furthermore, older participants, those with less education, participants who were older when they immigrated, and those older when diagnosed with type II DM ate fewer foods high in fats. As to physical activity, FA males and participants with higher education exercised more frequently. Younger Filipino-Americans were less likely to perform optimum type II DM self-care behaviors pertaining to diet, medication taking, and blood glucose testing compared to their older counterparts. This finding suggests an increased risk for type II DM co-morbidities and/or complications in younger Filipino-Americans, which may require more intensive treatments in later years.

Self-care behaviors of Filipino-American adults with Type II Diabetes Mellitus. 2009.
http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6T88-4WSG2RM-1&_user=10&_rdoc=1&_fmt=&_orig=search&_sort=d&_docanchor=&view=c&_searchStrId=1018896455&_rerunOrigin=google&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&_md5=d33b5a42d83bed367de24b6bd9a5ac96

5. Making Diabetes Self-management Education Culturally Relevant for Filipino American in Hawaii:
(ABSTRACT) The purpose of this study was to identify the cultural values, traditions, and perceptions of diabetes risk and self-care among Filipino Americans in Hawaii with type II diabetes that facilitate or impede engagement in diabetes self-management behaviors and education classes. This qualitative study used 2 rounds of semi-structured focus groups and interviews. Participants included 15 patients with type II diabetes recruited from a large health-maintenance organization in Hawaii and 7 health care and cultural experts recruited from the community. The taped and transcribed focus groups and interviews were coded thematically. Participants evaluated example materials for diabetes self-management education (DSME) with Filipino Americans. Several aspects of Filipino American culture were identified as central to understanding the challenges of engaging in self-management behaviors and DSME: (1) undertaking self-management while prioritizing the family and maintaining social relationships, (2) modifying diet while upholding valued symbolic and social meanings of food, (3) participating in storytelling in the face of stigma associated with diabetes, and (4) reconciling spiritual and biomedical interpretations of disease causality and its management. Respondents also emphasized the role of several qualitative aspects of perceived risk (eg, dread, control) in moderating their behaviors. Participants suggested ways to make DSME culturally relevant. Awareness of cultural values and qualitative aspects of perceived risk that influence Filipino Americans’ engagement in diabetes self-care behaviors and classes may help to improve teaching methods, materials, and recruitment strategies.

http://tde.sagepub.com/cgi/content/abstract/34/5/841?ck=nck

6. Cardiovascular disease prevalence, associated risk factors, and plasma adiponectin levels among Filipino American women:
(ABSTRACT) This cross-sectional study was designed to examine the association between adiponectin and cardiovascular disease (CVD) among an understudied ethnic group of Filipino American women. METHODS: We recruited 266 Filipino women aged 40-86 years from the University of California, San Diego Filipino Women's Health Study (1995-1999). Plasma adiponectin was extracted from archive blood samples and measured by radioimmunoassay. CVD was defined as coronary heart disease, angina, myocardial infarction, or stroke by history, electrocardiogram (Minnesota coding), or Rose questionnaire. RESULTS: CVD prevalence among Filipinas was 20.7% (n=55), of which 85.5% were newly diagnosed. Filipinas with versus without CVD had more antihypertensive medication use (44.4% vs 26.7%), more parental history of myocardial infarction (38.2% vs 21.8%), higher proinsulin levels (13.2 vs 11.0 pmol/L), lower adiponectin levels (5.09 vs 6.15 microg/mL), and higher prevalences of the metabolic syndrome (34.6% vs 28.0%) and microalbuminuria (24.0% vs 12.2%). Adiponectin (adjusted OR .46, 95% CI .23-.89, P=.021) was independently associated with CVD in multivariate analysis that adjusted for age, exercise, family history, diabetes, hypertension, low-density lipoprotein cholesterol, high-density lipoprotein cholesterol and microalbuminuria. CONCLUSIONS: Independent of known risk factors, adiponectin was associated with CVD among Filipinas. This finding suggests that adiponectin may be a useful CVD indicator among this ethnic population.


7. Family and peer influences on adjustment among Chinese, Filipino, and White youth: (ABSTRACT) Little is known about the influence of parent-adolescent relationships and peer behavior on emotional distress and risky behaviors among Asian American adolescents; in particular, cross-cultural and longitudinal examinations are missing from the extant research. To test and compare a theoretical model examining the influence of family and peer factors on adolescent distress and risky behavior over time, using a nationally representative sample of Chinese, Filipino, and White adolescents. Data were utilized from Waves I (1994) and II (1995) of the National Longitudinal Study on Adolescent Health; the sample is composed of 194 Chinese, 345 Filipino, and 395 White adolescents and weighted to correct for design effects, yielding a nationally representative sample. Structural equation modeling was used to test the theoretical model for each ethnic group separately followed by multiple-group analyses. RESULTS: The measurement model was examined for each ethnic group, using both un-weighted and weighted samples, and was deemed equivalent across groups. Tests of the theoretical model by ethnicity revealed that for each group, family bonds have significant negative effects on emotional distress and risky behaviors. For Filipino and White youth, peer risky behaviors influenced risky behaviors. Multiple-group analyses of the theoretical model indicated that the three ethnic groups did not differ significantly from one another. Findings suggest that family bonds and peer behavior exert significant influences on psychological and behavioral outcomes in Asian American youth and that these influences appear to be similar with White adolescents. Future research should be directed toward incorporating variables known to contribute to the impact of distress and risky behaviors in model testing and validating findings from this study.


8. Gap analysis of cultural and religious needs of hospitalized patients: (ABSTRACT) Identify patient and family needs specifically related to an in-hospital birth or death. This study aimed to perform a gap analysis between identified needs and current hospital practice, services, and resources. With the IRB approval, and purposive sampling using the demographics of a community hospital plus subgroups from problematic cases. Twenty-two semi-structured interviews were audio-taped, and 6 lectures and 2 panel discussions were videotaped. Transcriptions were distributed to the research team and manually coded for gaps between current practices versus stated needs. Group
process was used to form consensus regarding findings. The following subgroups were targeted: Muslim, Baha'i, Catholic, Protestant, Jewish, Buddhist, Mormon, Jehovah's Witness, Latino, Filipino, Chinese, and African American. Gaps in available resources, such as prayer books, rugs, and compasses, were identified. Knowledge gaps included many issues such as the Muslim preference for decreasing sedatives at end of life to be able to recite the sacred prayer while dying. Practice issues such as respecting plain-clothed clergy, the impact of "rule-orientation" on family needs, and the universal need to call clergy early were identified.

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9. Health characteristics of the Asian adult population: United States, 2004-2006: (ABSTRACT) This report compares national estimates for selected health status indicators, health behaviors, health care utilization, health conditions, immunizations, and human immunodeficiency virus (HIV) testing status among selected non-Hispanic Asian adult subgroups. Comparison estimates for the non-Hispanic white, non-Hispanic black, non-Hispanic American Indian or Alaska Native (AIAN), and Hispanic adult populations are also presented. METHODS: The estimates in this report were derived from the Family Core and the Sample Adult Core components of the 2004-2006 National Health Interview Surveys (NHIS), conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS). Estimates were generated and comparisons conducted using the SUDAAN statistical package to account for the complex sample design. RESULTS: In general, non-Hispanic Asian adults were least likely to be current smokers, be obese, have hypertension, delay or not receive medical care because of cost, be tested for HIV, or be in fair or poor health compared with non-Hispanic white, non-Hispanic black, non-Hispanic AIAN, or Hispanic adults. Across non-Hispanic Asian subgroups, Vietnamese adults were least likely to have a bachelor's degree or higher and most likely to be poor, be in fair or poor health, and abstain from alcohol use. Korean adults were most likely to be uninsured, be current smokers, and be without a usual place for health care. Japanese adults were most likely to be current moderate or heavier drinkers, and Filipino adults were most likely to be obese.

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10. Eating and acculturation in a Filipino American population on a small Hawaiian Island: (ABSTRACT) The objective of our study was to examine the relationship between eating and U.S. acculturation in a largely Filipino American population living on a geographically isolated Hawaiian Island. Participants (N = 69) were 12-19 year old children enrolled in a public school. We measured eating disturbances, U.S. acculturation, body dissatisfaction, depression, self-esteem, family cohesion, self-loathing, and perfectionism using surveys. Level of U.S. acculturation predicted degree of eating disturbances. Eating pathology occurred in 17% of participants with girls showing a higher risk than boys. Body dissatisfaction, self-loathing, and perfectionism were significant predictors of eating disturbance. Results suggest that Filipino American children are at greater risk for eating disturbances as they and their families become more integrated with U.S. culture.

acculturation-filipino.html

11. Filipino American Psychology: A Handbook of Theory, Research, and Clinical Practice:
(ABSTRACT) Comprehensive look at the psyche of Filipino Americans. By examining history, cultural values, influences of colonialism, community dynamics, and intersections with other identities, the reader will have an opportunity to understand essential information about this population. Students will gain knowledge and awareness about Filipino American identity and personality development, while practitioners will learn culturally-competent techniques to become better counselors, clinicians, and educators. This book is the first of its kind and aims to promote visibility of this invisible group, so that 2.4 million Filipino Americans will have their voices heard.