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HALP Project: Funded by grant from The California Endowment  
1000 North Alameda Street, Los Angeles, CA 90012

Printing: Printed by Apple Graphic  
735 North Broad Avenue, Wilmington, CA 90744

Printing Funded by: Southern California Edison  
P.O. Box 700, Rosemead, CA 91170

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## ACKNOWLEDGEMENTS

FASGI Board of Directors, FASGI management, HALP Participants, and senior citizens of FASGI, thank The California Endowment for assistance and support in the development of nutrition and fitness program designed to stimulate healthier lifestyle changes in Historic Filipinotown and intervene in the negative health outcomes of poor dietary choices and sedentary lifestyles. We especially appreciate the assistance of Alicia Dixon and Tamara Moore for their patience and persistence in working with FASGI staff to strengthen the strategies to maximize impact in the community. Without the technical and financial support of The California Endowment this project may never have gotten off the ground.

I wish to thank Melen McBride, RN, Ph.D, GSAF for her expertise, insights, and commitment to FASGI's goals and to the senior clients. The guidance and support she provided to HALP contributed greatly to its success. I also thank Tony Dicolen and Ken Akune for their innovative vision and foresight that makes HALP truly a project for the future.

A project such as this would not be possible without committed staff, who believe in the project and go the extra mile to see to it that clients are served and program goals are met. I wish to take this opportunity to acknowledge them here. In addition, I wish to recognize Bernardita Targa, project coordinator, Lawrence Miravite and Jeanette Sayno for their infectious enthusiasm for the project,; Enrique de la Cruz, who developed the initial project proposal for this program and assisted in finalizing this report; Brad Bagasao, Ph.D. for his talent, passion, and creativity in writing this proposal; Cheryl Cromwell, for preparing and writing this report.

Susan E. Dilkes  
Executive Director

July 31, 2008

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# Healthy Active Lifestyle Project

## EXECUTIVE SUMMARY

### **Background:**

Filipino-American Service Group, Inc. (FASGI) is a private, nonprofit, neighborhood-based health and human care provider. Incorporated in 1981, FASGI has grown into one of the leading independent providers of preventive health education and social services for low-income underserved Filipino American seniors in Los Angeles County. From its inception, FASGI's mission has been *to empower the underserved through culturally competent care, advocacy, social services, education, social action, research and leadership*. During its 25 plus years of existence FASGI has helped prevent unnecessary or early institutionalization of thousands of target elders through its broad spectrum of services and service delivery philosophy. As such, FASGI combines independent living skills training and human services in promoting physical and behavioral health. Although FASGI serves the entire Los Angeles County, FASGI maintains a special focus on Historic Filipinotown near downtown Los Angeles.

Historic Filipinotown is a district of Los Angeles, California, with one of the highest concentrations of Filipino Americans in Southern California and is the cultural heart of Filipinos throughout Los Angeles. Of more than 100,000 Filipinos that reside in the City of Los Angeles, an estimated 6,900 are within Historic Filipinotown. The district is located between Westlake and Echo Park. The district is bounded by the 101 Freeway (north), Beverly Boulevard (south), Hoover Street (west), and Glendale Boulevard (east).<sup>1</sup> FASGI is located in Historic Filipinotown.

### **Statement of the Problem and Need:**

Filipinos are the second largest ethnic group within the Asian/Pacific Islander population in Los Angeles; however, the community faces inadequate health care and lacks proper health education. There are more than 100,000 Filipinos living in the City of Los Angeles, per 2000 census. National figures for Filipinos also show that 61% speak a language other than English at home, 21% have limited English proficiency (LEP) and 10% live in linguistically isolated households<sup>2</sup>. As is often the case with immigrant communities, aspects of their traditional diet are incompatible with the new lifestyles they find in the United States and contribute to factors that put the population at high risk for diabetes and hypertension and other chronic diseases. The elderly are often the most vulnerable to this, leading to a high incidence of diabetes among Filipino elderly. At a recent target area health fair, of the 127 participants who were screened, 54 had high blood sugar levels that had not been previously diagnosed. This finding suggests a need for culturally responsive, linguistically appropriate services for this elderly population.

### **Purpose and Design:**

*HALP* is a nutrition education and physical fitness intervention program that utilizes culturally relevant strategies for the Filipino community. The program utilizes multiple strategies to affect

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<sup>1</sup> Congressman Xavier Becerra, <http://becerra.house.gov/HoR/CA31/District=Page/Hisotric=Filipinotown.htm>).

<sup>2</sup>Asian Pacific Islanders American Health Forum, (APIAHF) Health Brief, 2005

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curriculum consists of health topics, skill building, and participatory exercises delivered over twelve weeks. After training, the SPE's then implement this curriculum in the various workshops they conduct.

Another strategy was the use of culturally appropriate activities to encourage participation in program activities and events. Here the program developed the "Kalusugan: Healthy, Active Lifestyle Project Handbook" which provided the basic curriculum for the educational sessions. Instead of the ordinary stretching and movement exercises, which can be found in most health clubs, the program used folk dancing and Filipino martial arts known as Kali as the basis for an exercise program.

To insure access to the target population, FASGI worked in collaboration and in partnership with civic and social organizations in the area whose membership included senior citizens.

### **Implementation and General Findings:**

The FASGI Health Active Lifestyle Program (HALP) was implemented from January 2006 to April, 2008, in collaboration with nine community-based organizations located in the target area: Golden Years Association, Lord of Harvest, St. Columban Women's Council, Aglow, LA Chapter, Cebu Brotherhood Inc., Ladies of Rizal, Batangas Senior Citizen Association of Los Angeles, Golden Agers (GALA), and, Filipino American Young Once (FAYO). The majority are faith-based organizations. FASGI was the lead agency. The California Endowment (TCE) provided \$179,191 in grants funds for this project.

Senior Peer Educators were recruited from nine community-based organizations whose members were predominantly Filipino elders. They provided 133 educational sessions to 340 Filipino seniors using the "*Kalusugan*" *Healthy, Active Lifestyle Project Handbook*. The HALP participants attended a series of lectures on health topics, classes on preparing and buying healthy food, Kali exercises, and self-massage techniques. The Senior Peer Educators also assisted in teaching the exercise and nutrition sessions during Friday sessions. Of the participants in Friday sessions, 43 older adults were newcomers to FASGI and 67 percent were members of six HALP collaborating organizations. The Friday HALP participants learned to substitute healthy ingredients in some Filipino recipes. FASGI sponsored an annual diabetes health fair that included screening for diabetes and diabetes awareness information and referrals were provided by community health and nutrition providers. Dr. Melen McBride, Ph.D. R.N. developed the HALP evaluation methods and data collection tools (Appendix 1). A half-day retreat for SPEs was held on January 10, 2008 to conduct the end-of-project evaluation (Appendix 9a - c).

A total of 569 seniors participated in the HALP program: twenty four (4%) received special training to help disseminate the HALP curriculum, 205 (36%) attended the Friday HALP educational and Kali exercise sessions,<sup>3</sup> and 340 (60%) who were members of the HALP collaborating organizations, participated in sessions given by the Senior Peer Educators (SPEs).

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<sup>3</sup> *Kali* is a Filipino martial art that promotes circulation, flexibility, balance, and limb rotation through slow and gentle motions.

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## **Accomplishments:**

### Senior Peer Educators (SPEs)

1. SPEs demonstrated increased knowledge based on pre/post test scores from 175 to 186, respectively.
2. Senior Peer Educators' overall knowledge score increased from 175 to 186.
3. Sixty nine percent (69%) rated their health status "as average and needs improvement". After the training, they rated the course to have high impact on their health (average = 4.5 on a 1-5 scale).

### HALP effects on health data for the Senior Peer Educators

More than 60% (14 out of 23) of the total Senior Peer Educators (N=23) had a decline in their blood pressure readings after the training.

1. For the body mass index (BMI), 12 out of 23 participants (50%) were within normal body weight category with one severely obese, and one undernourished. Eight participants maintained their baseline weight. In addition, 8 out of 23 lost a total of 50 pounds.
2. With improved endurance and flexibility, 12 out of 23 participants (52%) were able to lower their heart rate from the baseline. This was observed from an increase in their tolerance to the exercises that were given during the actual training period. Participants also reported an increase in joint mobility.
3. Participants with high blood cholesterol or with diabetes mellitus (DM) also observed a normalization of their readings. Those with DM had the most improvement especially with improved diet after attending lectures on proper nutrition and diet.

### Friday Class Participants

1. Of the 205 seniors who participated in the Friday educational and *Kali* classes, 201 experienced a decrease in the systolic and diastolic pressures from baseline measures taken at the beginning of their participation in HALP.
2. HALP was successful in its health promotion/disease prevention outreach efforts as evidenced by the number of seniors who participated in the program, and took steps to improve their health habits and adopt a healthier lifestyle through the knowledge that they gained in the program about health and physical activity.

### Community Partnerships

1. HALP was implemented in partnership with nine community organizations: Golden Years Association, Lord of Harvest, Aglow, LA Chapter, LA Chapter, Cebu Brotherhood Inc., Ladies of Rizal, Batangas Senior Citizen Association of Los Angeles, St. Columban Women's Council, Golden Agers (GALA), and Filipino American Young Once (FAYO). FASGI called this group the Coalition of Healthy Aging in Filipino Americans (CHAFA).
2. FASGI sponsored a health fair in collaboration with the Los Angeles County Department of Health Services and Temple Community Hospital on November 17,

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2006. More than 200 low-income Filipino American seniors attended, 45% of whom were newly arrived immigrants.
3. FASGI partnered with Search to Involve Pilipino Americans (SIPA), Pilipino Workers Center (PWC), and Asian Pacific Health Care Venture (PHCV) to conduct a health survey for the Filipino community in Historic Filipinotown.
  4. In November, 2006, Deovina N. Jordan, Ph...D. (CO, MSN, MPH, and RN) Doctoral Candidate, UCLA School of Nursing, conducted a survey of Filipino elders at FASGI as part of her dissertation project “Filipino American Type 2 Diabetes Mellitus Study”. She also made a presentation to a group of seniors, 60 years and older, about the importance of the study.

### Dissemination

1. Susan E. Dilkes, Executive Director, made a Powerpoint presentation about the *Healthy Lifestyle Project / Kalusugan (HALP)* for the Healthy Aging Workshop at the National Federation of Filipino American Associations (NAFFAA)<sup>4</sup> conference in September, 2006 in Hawaii.
2. The summary report on HALP will be uploaded to the FASGI web site.
3. FASGI will make presentations to FASGI partners and other Filipino organizations that have interests in health promotion and healthy lifestyles.

### Recommendations and Conclusions

Based on the outcomes, FASGI makes the following recommendations for future programs:

1. Standardize the number of training sessions offered to senior citizens.
2. Ensure consistency in the delivery of the content by monitoring the sessions trained by Senior Peer Educators.
3. Include content in the Train-the-Trainer manual focused on adult learning and effective training techniques.
4. Increase documentation of the participation levels and outcomes for all participating seniors, as well as Senior Peer Educators.
5. Expand collaboration with health care providers that can provide on-site tests for hemoglobin Alc levels at least twice a year.
6. Incorporate an evidence-based model, such as the Chronic Disease Self-Management Program model developed by Stanford University; make appropriate adaptations to ensure cultural competency for use with Filipino senior citizens.

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<sup>4</sup> September, 2006 NAFFAA Conference, Hawaii, “Baby Boomers & Senior Empowerment”. NAFFAA is the largest Filipino-American organization nationwide.

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# Healthy Active Lifestyle Project Final Report

## INTRODUCTION

### **FASGI Profile:**

Filipino-American Service Group, Inc. (FASGI) is a private, nonprofit, neighborhood-based health and human care provider. Incorporated in 1981, FASGI has grown into one of the leading independent providers of health and social services for low-income underserved Filipino American seniors in Los Angeles County. FASGI's mission is *to empower the underserved through culturally competent care, advocacy, social services, education, social action, research and leadership*. During two and a half decades of providing culturally competent geriatric services, FASGI has helped prevent unnecessary or early institutionalization of thousands of FASGI's target elders. FASGI's philosophy is grounded on the power of personal responsibility and community empowerment in promoting the quality of life. As such, FASGI combines independent living skills training and human services in promoting physical and behavioral health. FASGI is a critical component of the health care 'safety net' in Los Angeles County and is integrated in the California Partnership for Access and Treatment Network (CPAT), linked with Temple Community Hospital, Hollywood Presbyterian Medical Center, UCLA's Jonsson Comprehensive Cancer Center, Asian American National Cancer, Research and Training (AANCART) as well as neighboring schools, local shelters, and community based organizations. Although FASGI serves the entire Los Angeles County, we maintain a special focus on Historic Filipinotown.

### **The Aging Population**

People in our society are living longer than ever in each succeeding Census of the U.S. Population, an increasing percentage of the population is designated as very old (persons 85 years of age and above). Today people who retire at 62 or 65 years of age can expect to live a significant number of years beyond the expected lifespan of those who lived a century ago.

Despite advances in medical technology, a common reality of aging is disability--a decline in physical and psychological functioning. Therefore, it can be said that the quality of the now relatively long years of life depend in good measure on health status, nutrition and fitness practices of daily life.

The ideal is consistent life-long habits of good diet/nutrition and regular exercise. Many of us find it difficult to achieve these goals due to many factors that tend to intervene over the course of a person's life. But, it is never too late to begin the processes to improve physical and psychological sense of well-being through improved nutrition and regular exercise. For a person who has an existing chronic health condition or disability a regime of proper diet and daily exercise can help prevent a secondary disability.

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### **The FASGI Experience:**

During 25 years of service to senior citizens in Historic Filipinotown, FASGI has learned many lessons. We began in 1981 with supplemental food distribution and socialization activities such as bingo, birthday and holiday parties, picnics, singing and dancing, and field trips.

We soon progressed to mental health outreach and promotion to frail and isolated seniors, health screenings (e.g. blood pressure; colon cancer), and advocacy for senior benefits and other entitlements. Having identified health concerns in the community, in the early 1990s, FASGI began to offer tobacco education and smoking prevention, HIV/AIDS, tuberculosis mitigation, and senior health education seminars.

By the mid 1990s with the arrival of large numbers of World War II veterans to Historic Filipinotown we began to coordinate health counseling, advocacy and health fair activities with the V.A. Hospitals and other providers.

In the same period FASGI opened a transitional housing program in response to the discovery of a large number of frail elderly in the community who were runaways, throwaways, abused and/or neglected older adults. We took this step at a time when the community itself was often in denial about the existence of the problem in Historic Filipinotown.

FASGI recognized that, upon immigration, many seniors who join their children here in the U.S. begin to lead sedentary lifestyles as they are unable to keep up with the more active lifestyles of the younger generation. Thus the need for physical activity that was more age appropriate for these seniors. In the early 1980s, FASGI initiated an exercise program with the help of Ms. Pureza Fortuna, R.N, a retired registered nurse and an American Red Cross volunteer, who began leading regular calisthenics sessions for senior clients.

By the mid-1990s through the auspices of Belmont Community Adult School, and with the support of Vice Principal Lester Orange, FASGI offered weekly fitness classes led by a California State certificated physical education teacher and modified to take into account the reduced fitness levels of seniors.

In the beginning, these fitness programs were more opportunistic than planned, depending on the availability of volunteers, and therefore, were difficult to sustain. Yet, the importance of improved fitness for Filipino seniors in Historic Filipinotown continued to be a FASGI concern. In recent years FASGI participated in UCLA based research project, *Kalusugan*, (Health), led by Nancy Harada, Ph.D., that indicated a need to address the adverse effects of sedentary lifestyle common among the elderly in many ethnic groups in Los Angeles, including Filipinos.

Through knowledge gained from twenty-five years of intake and case management services we know that among Filipino seniors in our service area many suffer from chronic ailments and disabilities:

- Hypertension
- Diabetes
- Gouty Arthritis

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➤ Osteoporosis

We also know that some of the factors contributing to the development and worsening of these conditions for the seniors in our community include:

- Reaching the age of 70 or 80 years without a history of regular visits to primary care physicians;
- Lack of nutritious and balanced diets;
- Low Income, low literacy, and limited English proficiency;
- High intake of purines, sodium and cholesterol;
- Lack of regular aerobic and strength exercise in adult life.

Based on this knowledge we decided to design a program that is:

- ✓ Adapted to the age and general health status of our clients;
- ✓ Inclusive of Filipino cultural elements;
- ✓ Instructive of safety and first aid;
- ✓ Doable without special equipment;
- ✓ Doable alone or in groups;
- ✓ Doable in minimal space;
- ✓ Inclusive of nutritional education and hands on healthier preparation of Filipino cuisine;
- ✓ Amenable to measurable outcomes;
- ✓ Accountable through rigorous evaluation and reporting;
- ✓ Able to certify participants in program competency;
- ✓ Geared to training peer trainers;
- ✓ Sustainable; and
- ✓ Targeted at creating environment change in Historic Filipino Town.

In advancing our mission, and in partnership with The California Endowment, FASGI developed and implemented the FASGI Filipino American Seniors Healthy, Active Lifestyles Program.

## **Problem Statement:**

Filipinos are the second largest ethnic group within the Asian/Pacific Islander population in Los Angeles; however, the community faces inadequate health care and lacks proper health education. There are more than 100,000 Filipinos living in the City of Los Angeles. The traditional diet puts the population at high risk for diabetes and hypertension, resulting in a high incidence of diabetes among Filipino elderly.

At a recent target area health fair, of 127 Filipino participants who were screened, 54 had high blood sugar levels that had not been previously diagnosed. Heart disease is a leading cause of death for Filipino Americans and stroke is a third leading cause of death. Relatively high rates of hypertension have been reported for both male and female Filipino Americans (APIAHF, 2005).

A study conducted in Houston on 831 Filipino-Americans observed a high prevalence of type 2 diabetes and supports earlier studies suggesting that Filipinos are at higher risk for type 2

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diabetes than the U.S. non-Hispanic white population. The major risk factors for type 2 diabetes risk factors assessed in the Houston study included older age, males, family history, lower

income, obesity, physical inactivity, and, low acculturation level.<sup>5</sup> These are the exact same lifestyle factors that characterize the Filipino elderly population in FASGI's service area, suggesting a need for appropriate intervention programs. However, such programs cannot just be adopted from programs that have been successful with the majority culture, or the non-Hispanic white population.

FASGI's experience in service delivery of programs in Filipinotown suggests that such programs need to be culturally responsive, and linguistically appropriate for Filipinos. This experience is supported by recent studies. The 2000 Census indicates that Filipinos in the United States, 61% speak a language other than English at home and 21% are LEP and 10% live in linguistically isolated households.

In 2000, FASGI conducted a survey, funded by The California Wellness Foundation and The California Endowment, to determine the health status of Filipino World War II Veterans. Filipino veterans comprise 4% of the Filipinos in the City of Los Angeles. The survey identified the barriers to health care utilization consisting of: low income, social isolation and immobility, linguistic and cultural challenges, lack of health-related knowledge, and reduced or lack of access to health care services. The survey found that many Filipino veterans were monolingual in languages other than English and even those who spoke English were often not competent enough to seek help when needed and/or communicate their problems properly.

## **Project Goals and Objectives:**

1. Recruit and train a minimum of 24 Filipino seniors, sixty years of age and older, to deliver the Healthy, Active Lifestyles Project (HALP) in Historic Filipinotown.
2. To develop and implement a culturally based nutrition education and physical fitness intervention inclusive of culturally relevant strategies for the Filipino community.
3. Provide health and fitness assessments to document existing health conditions and current health status, including diabetes, hypertension, heart disease, blood pressure, blood glucose, cholesterol levels, body fat, recovery heart rate and cardiovascular endurance for a minimum of 300 Filipino seniors.
4. Conduct weekly (48 total), culturally centered nutrition education and physical fitness workshops, inclusive of *Kali*, self massage technique, nutrition education and cooking demonstrations, reaching a total of 300 seniors. Survey participants'

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<sup>5</sup>Cuasay, et., al., 2001

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pre and post workshops to capture increases in knowledge of subject material throughout grant period.

5. Convene a minimum of five community based organizations, led by senior peer educators, to discuss culturally centered intergenerational approaches that support a healthier lifestyle within the Filipino community.
6. Develop a senior led community plan that defines critical cultural parameters that will lead to effective community engagement strategies to improve health in the Filipino community.
7. Develop a fund development plan and raise a minimum of \$50,000 to ensure the sustainability of this culturally based nutrition education and physical fitness intervention.

### **Target Population:**

The project targeted senior citizens that were primarily Filipino and other Asian/Pacific Islander who resided in Historic Filipinotown and the surrounding communities. Historic Filipinotown is a district of Los Angeles, California, with one of the highest concentrations of Filipino Americans in Southern California and is the cultural heart of Filipinos throughout Los Angeles. Of more than 100,000 Filipinos that reside in the City of Los Angeles, an estimated 6,900 are within Historic Filipinotown. The district is located between Westlake and Echo Park. The district is bounded by the 101 Freeway (north), Beverly Boulevard (south), Hoover Street (west), and Glendale Boulevard (east).

Participants came from the following zip codes: 90063, 90065, 90027, 90026, 90057, 90041, 90042 and 91202.

### **Methodology:**

#### Outreach and Recruitment:

The project collaborated with nine community-based organizations to conduct outreach and recruitment to low-income, Filipino senior citizens. The participating organizations were chosen for the following reasons:

- Ability to access members of the target population;
- Location within the target area;
- Facilities available for on-site classes;
- Interest in joining the project

All of the participating organizations received \$500 per contract year. Each community based organization received membership identification cards to facilitate tracking the number of members who participated in HALP. HALP issued 479 identification cards to active members of the participant organizations.

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### Train-the-Trainer:

The project recruited 24 seniors, ages 61 to 87 years, with the average age being 72 years to serve as Senior Peer Educators. One was unable to actively participate in the post-training activities due to limited education and lack of comfort with training seniors as participants. This trainee was allowed to graduate at the request of her classmates. All trainees were issued a HALP ID card and a T-shirt with HALP/FASGI logo. The Senior Peer Educators provided training, served as peer role models and provided support to senior citizen participants. All SPEs trainers received \$200.00 stipend (\$100.00 after the twelve sessions and \$100.00 upon completion of the project).

### HALP Education Classes with Partner Organizations:

After completion of the program, the Senior Peer Educators returned to their organizations to share the knowledge they acquired. The educational sessions were often incorporated into the organizations' regular meetings or a special date was set for the sessions. Attendances to these sessions were voluntary and those who participated were issued a HALP/FASGI identification card as an incentive and recognition of their effort to improve their health and well-being. The identification card was also a means to register unduplicated attendees to these sessions.

Over the period of the project, the SPEs gave a total of 133 educational sessions to 340 Filipino seniors who were members of the nine HALP collaborating community organizations. Each teaching session was given by a pair of SPEs for 20 to 120 minutes on topics such as the food pyramid, blood pressure monitoring, kali exercises, heart function, coping with stress, first aid, etc. These topics are in the trainer's guide used to teach the "Train-the-Trainer" course. HALP staff assisted the SPEs to prepare their educational sessions. They were observed at least once by staff; and were given feedback (Appendix 5).

The *Kalusugan: Healthy, Active Lifestyle Project (HALP)* covered the following topics: introduction to the body and anatomy; nutrition; diabetes education – prevention and disease management; and, exercise. The Project Coordinator and Senior Peer Educators received comprehensive training manuals that included the curriculum and resource materials. The senior citizen participants received a participant workbook which included information about prevention, disease management and a log for recording their blood pressure, blood sugar levels, weight, body mass index, food consumption and exercise levels.

Through the HALP training, the SPEs became an established core resource for FASGI to provide health information to older Filipinos. They provided services by:

1. Educating members of their organizations about healthy living.
2. Assisting FASGI to motivate local Filipino restaurants to modify popular Filipino dishes for a healthier choice.
3. Assisting FASGI to continue recruitment of participants for the Friday HALP educational and *Kali* exercise session.

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4. Engaging their family and friends in conversations about healthy choices.
  5. Providing feedback to FASGI and HALP staff about the health education needs of Filipinos in the community and suggestion on what might be improved in the HALP curriculum.
  
  6. Participating in the pilot testing of the Innoveses electronic health monitoring data system.

Friday HALP Classes at FASGI:

Every Friday at 10 A.M., HALP staff conducted a series of health education lectures and *Kali* exercises for 15 seniors. In addition, lectures were given on topics relevant to HALP project goals. (Appendix 3).

During the course of the project, 205 seniors participated in the Friday classes, including a significant number who participated in the more intensive HALP classes.

Dissemination Plan:

FASGI will share the results of the HALP program through the following activities:

1. Create and disseminate a written report that describes key program components that can be used by other programs seeking to replicate the model.
  
2. Presentations at the meeting of the nine CBO partners and other FASGI partner's especially Filipino organizations with interest on health promotion and healthy lifestyle.
  
3. Share the information at health professional meetings such as those in the field of health and aging especially those concerned with disparities in health access for low income, low literacy older adults.
  
4. Upload a summary report on the FASGI web site and inform the FASGI network about linking to the site.
  
5. Submit articles about the project to professional journals and trade magazines, including newsletters of professional organizations such as the Diversity Currents of the Network on Minority Aging of the American Society on Aging.
  
6. Distribute Press Releases to local radio stations and newspapers.

## **Evaluation and Findings:**

Dr. Melen McBride, Ph.D. conducted the project evaluation and **assisted HALP staff in** preparing the interim and final evaluation reports. She developed pre and post test and assessment instruments and protocols that were used by project staff to collect baseline and post HALP intervention data. **See Appendices.**

The evaluation process generated the following results.

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### Result of Outreach and Recruitment:

A total of 569 seniors participated in the HALP program: 24 (4%) received special training to help disseminate the HALP curriculum; 205 (36%) attended the Friday HALP educational and *Kali* exercise sessions; and, 340 (60%) who were members of the HALP collaborating organizations, participated in the sessions given by the SPEs. Health related effects for the SPEs and the HALP participants of the Friday sessions at FASGI will be discussed below.

### Results of Training:

The trainers were called “Senior Peer Educators” (SPEs). A pre/post knowledge test was given to the group. The group’s overall knowledge score increased from 175 to 186. Test scores on a 13-point knowledge test ranged from 3-12 points (pre-test) and 4-13 points (post-test) with an average score per Senior Peer Educator of 9.2 (pre-test) and 9.7 (post-test), respectively. Four (21%) Senior Peer Educators scored 13 points on the post-test. Sixty nine percent (69%) rated their health status “as average and needs improvement”. After the training, they rated the course to have high impact on their health (average 4.5 on a 1-5 scale). Ninety four percent (94%) rated highly the training curriculum and 93% also gave high ratings to HALP staff performance (4-5 on a 5-point scale). See Table 5, next page, for more details.

### Participants in the Train-the-Trainer Program:

Twenty-four (24) seniors participated who ranged in age from 61 to 87 years, with the average age of 72 years old (Appendix 2).

One was unable to actively participate after the training due to limited educational background, and was not comfortable with training other HALP participants. However, she was allowed to graduate at the request of her classmates. All spoke English and Pilipino (Tagalog) and 7 spoke another Filipino language (Cebuano, n=6; Hiligaynon, n=1). Length of residence in the United States ranged from 3-37 years, with the average length of stay being 16.5 years. Reported income for all but one was at the poverty level. Fifty percent (50%) had completed college and 16% had elementary education. Most of the SPEs had a co-morbidity of related disorders such as heart disease, high blood pressure, diabetes mellitus, obesity, overweight, osteoarthritis, gouty arthritis and hyperlipidemia.

An observation sheet (Appendix 5) was used to rate the Senior Peer Educators’ performance on 6 areas (preparedness, clarity, use of examples, ability to respond to questions, interactivity, and time management) on a 3 point scale (3- very skilled; 2-adequate; 1-needs coaching). The overall scores ranged from 8 to 18 with a mean score of 12.2 (N=10). When HALP SPEs were asked to rate their level of preparedness to teach, 43% of the Senior Peer Educators felt they were well prepared and 51% felt they were somewhat prepared (Appendix 6).

Feedback from 27 community-based organization members who attended the Senior Peer Educators’ educational sessions was very positive. They learned a lot (63%) and 37% said they “learned some”. All said they learned new information and everyone was willing to tell others about the program. When asked to state one thing they would do with their knowledge, the responses ranged from applying to a specific behavior to sharing it with others (Appendix 8 for details on the evaluation tool and qualitative feedback).

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### Health-Related Effects for Senior Peer Educators:

The two groups of Senior Peer Educators consisted of 18 (78%) females and 5 (22%) males. After more than 12 months (at least 6 months for each cohort of Senior Peer Educators) of HALP training, the regular exercises and lectures conducted during that period gave a very satisfactory outcome to their health status for most of the participants. Most of these participants had a co-morbidity of related disorders such as heart disease, high blood pressure, diabetes mellitus, obesity, overweight, osteoarthritis, gouty arthritis and hyperlipidemia.

More than 60% (14 out of 23 participants) of the total participants (N=23) had a decline in their blood pressure readings after the training. Also, it can be noted that their baseline BP readings were almost normal except for some participants whose readings were greater than 140/90 mmHg. This means that before the intervention, some participants were already able to control their BP. With the HALP training, a majority of the participants plus those with high blood pressure were able to manage their BPs to an average of 140-80 mmHg. The highest post-training BP recorded was 163/76, but this was expected from the participant since she is a diagnosed case of diabetes mellitus. See Table 1a and 1b on pages 43 and 44.

For the body mass index (BMI), 12 out of 23 participants (50%) were within normal body weight category with one severely obese, and one undernourished. Eight participants maintained their baseline weight. In addition, 8 of the 23 participants lost a total of 50 pounds. Weight loss further reduces the risk of those participants for high blood pressure or heart related problems. This finding is significant for these two groups because of their age, coupled with slow metabolic rate, limitations in body movement due to arthritis, poor endurance and flexibility hinder their capability to exercise and participate in any physical activities; hence, the HALP training sessions increased their flexibility and balance, improved their physical endurance plus reduced their anxiety from not exercising.

With improved endurance and flexibility, 12 of 23 participants (52%) were able to lower their heart rate from baseline. This can be observed from an increased tolerance to the exercises that were given during the actual training period. Based on participants' comments after their training, a majority reported an increase in joint mobility and had fewer joint pains.

Participants with high blood cholesterol or with diabetes mellitus (DM) also observed a normalization of their readings. Those with DM had the most improvement especially with improved diet after attending lectures on proper nutrition and diet.

### Health-Related Effects for HALP Participants:

Two hundred and five seniors (205) participated in the Friday HALP educational and *Kali* exercise sessions. Their blood pressure, heart rate, and weight were recorded when they attended these sessions. For the purpose of this report, the average baseline data were obtained from the measures taken during the first month of entry into the program and the average post-HALP intervention data were computed from the measures taken during the last month (or last 4 weeks) of the senior's attendance.

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Forty percent (40%) in the group had average baseline systolic pressures between 140-179 mmHg, while 56% had average systolic pressures at 120mmHg or less. The HALP program has been successful in its health promotion/disease prevention message - attracting seniors who were interested and willing to improve their health status by increasing their knowledge and adapting healthy behaviors and lifestyle modifications.

The average baseline measures (pre-HALP; N=204) for the systolic and diastolic pressures were 143 and 77mmHg, respectively. The average post-HALP systolic and diastolic pressures were 137 and 71mmHg, respectively, indicating a positive effect on the cardiovascular health of 204 seniors whose blood pressure data were available for analysis.

A more precise measure of change in heart rate from baseline to the completion of the program was difficult to ascertain due to lack of data for both baseline and post-HALP intervention. For 80% (n=163) of seniors, the average baseline heart rate was 99 beats per minute and for 29% (n=59) of participants with recorded data, the average post-HALP heart rate was 76 beats per minute. Similarly, 69% (n=141) had an average baseline weight of 134 lbs and 38% (n=75) had post-intervention average weight of 112 pounds. Despite the limitation of small data sets for these health measures, it is reasonable to consider a trend towards improvement in heart and metabolic functions that could be associated with the observed change in the group's average post-HALP blood pressure, their participation in the *Kali* exercise sessions, and anecdotal accounts about goals related to food-intake such as paying attention to food labels, the selection of healthy food, and reduction of food servings.

#### Friday Group:

A pre and post test was also administered to a subgroup of 31 Friday HALP participants, age 63 – 87 years; average age 78 years. The average score was 7.4 (N=28) and 7.9 (N=25) for the pre and post test, respectively (Appendix 4). Although there was a slight increase after the HALP participation, the group's score is lower than the SPEs and the non-HALP group. This may be associated with the frequency of attendance at the educational sessions and the person's choice to attend sessions on specific health topics. Seventy eight percent perceived the HALP program to have a high impact on their health and 78% gave high ratings on the HALP staff performance.

A sample of ten HALP participants were interviewed to determine changes in health behaviors and how these changes were being maintained. Seven reported having regular exercise program using the *Kali* exercise. This new health behavior was being maintained in different frequencies per week: attending the Friday sessions at FASGI, carving out exercise time at home, and adding walking time to an exercise plan. They felt stronger and younger, had improved flexibility, and were happy to be among Filipino friends. Four participants made changes in their eating habits by getting healthy food, becoming more aware and cautious about what is eaten, reading food labels carefully, and preparing more meals at home. Some were asking for information from their healthcare providers and were paying attention to scheduling regular medical check-ups. They emphasized HALP's significant positive effect on their attitudes towards keeping themselves healthy.

#### Evaluation and Feedback from the Senior Peer Educators:

Aspects of the teaching experience that the Senior Peer Educators liked best were:

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- the opportunity to impart their recently acquired knowledge to their peers and family;
  - interacting with interested and enthusiastic learners;
  - doing the Kali exercises while teaching the skills;
  - socialization benefits;
  - most importantly, the application of acquired knowledge to their own personal health improvement goals.

SPEs' recommendations for improving the HALP program includes:

- increase the number of health topics presented monthly;
- add more physical activity to the training session such as ballroom dancing;
- expand the length of the sessions to have more time to discuss questions and concerns
- schedule more educational and recreational field trips.

On January 10, 2008, a half-day retreat for the Senior Peer Educators was held to discuss their experiences and obtain more information on ways they could be supported in their roles. The focus group session led by Dr. Melen McBride and Ms. Bernie Targa, HALP Project Director, used open ended questions to obtain information about their experience, its benefits, and suggestions for improvement. See Appendices, Table 9a, 9b, and 9c are samples of the Senior Peer Educator's questionnaires and discussion guide.

When asked what work experience helped them to conduct educational sessions, a majority identified work skills such as teaching, management, punctuality, military training, martial arts, or a personal exercise program. The group's key motivations to participate were influenced by a desire to help others, learn to develop a healthy lifestyle, learn to relate to older people, and exercise with Filipino peers. The responsibility to teach their peers increased their communication skills and some Senior Peer Educators indicated they wanted to learn more on the topics they taught to increase their knowledge and confidence with sharing health information.

The group was unanimous in their assessment that the *Kali* exercises and lectures made a significant impact on their physical activity and on their nutritional choices, respectively. They felt healthier and physically fit, enjoyed the social interactions, learned about chronic diseases and how to prevent or manage treatment particularly with medications, and extended themselves by sharing knowledge to family and friends. The role gave them a status in the Filipino community and the HALP T-shirt was considered a "uniform" that helped validate their new identity. They would like to see more seniors participate in the HALP program with more funding support and emphasized their perceived need for health promotion education in the neighborhood communities and the organizations they belong to. They expressed their desire to support the HALP program by continuing their role as Senior Peer Educators and building upon the knowledge and skills they have acquired.

#### Community health assessment:

FASGI, through the Healthy Active Lifestyle Project (HALP) conducted a Health fair on November 17, 2006 at 135 N. Park View St., Los Angeles, California, in collaboration with the Los Angeles County Department of Health Services and Temple Community Hospital. Flu shots

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were also administered. The HALP participants who were identified with health concern were immediately given attention.

More than two hundred low-income Filipino American seniors attended the health fair. Of these, 45% were newly arrived immigrant seniors. FASGI provided health screenings for bone density (osteoporosis), blood pressure (hypertension), and blood glucose (diabetes). The findings from the health fair screenings were alarming. One hundred twenty seniors fasted a day before and participated in the blood sugar screening. Thirty eight seniors (31.6%) had elevated blood glucose levels 120 to 247 (normal reading is 87). One third of the seniors who had fasting blood glucose screening were at high-risk or had undiagnosed diabetes. This result is similar to a health screening (2001) conducted by FASGI with Filipino American WWII veterans. The consistency of the 2001 and 2006 health screening results suggest a strong likelihood of undiagnosed pre-diabetes and diabetes among low income older Filipino Americans in FASGI's service area. These two surveys indicate an alarming trend among elderly Filipinos, and suggests a need for intervention programs.

In November, 2006, Deovina N. Jordan, Ph.D. (C0, MSN, MPH, RN), a doctoral candidate at the UCLA School of Nursing, conducted a survey of Filipino American with Type 2 diabetes at FASGI. The information collected will be included in her dissertation report. She also presented to a group of seniors (60 years and older) information about diabetes and explained the importance of the study for the health and well being of the Filipino community.

#### Community-Based Organization Participation

FASGI exceeded its minimum target of five community organizations to disseminate content from the HALP curriculum. A total of nine community organizations collaborated with FASGI: Golden Years Association, Lord of Harvest, Aglow, LA Chapter, Cebu Brotherhood Inc., Ladies of Rizal, Batangas Senior Citizen Association of Los Angeles, St. Columban Women's Council, Golden Agers (GALA), and Filipino American Young Once (FAYO). The approach to reach out to church-based communities was extremely successful.

The participating community organizations were chosen because of their geographical location in Historic Filipinotown and commitment to the project. Their members were willing to exercise and learn about nutrition. These organizations had average memberships of 80.67. The organizations were all culturally specific, with a focus on recognizing the common ties of customs, traditions and common languages of the Filipino culture, along with a focus on fellowship and promotion of spiritual and physical well being. HALP addressed the common cultural values and physical health promotion. Members of the selected organizations were already familiar with FASGI's programs and services. FASGI is viewed as a leader in the community by the participating organizations and their members. The organizations received the following benefits from participating in HALP: they increased their capacities to help their members to make healthy choices on their food intake and they were able to offer members the *KALI* exercise at their sites.

The engagement of community based organizations is consistent with Filipino culture. An article about Filipinos living in America notes that the philanthropic spirit among Filipinos

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includes a desire to give back. The Filipino culture of compassion is a concrete expression of their faith and values of sharing and caring. Approximately 3,000 Filipino associations exist in the United States, including a number of faith-based organizations (Villanueva, 2008). A needs assessment conducted with Filipinos in Montgomery County, MD found that Filipinos have strong religious and professional organizations, with a strong volunteer pool when called upon. Focus group participants recommended that the County work with faith-based organizations to provide health information to the community (University of Maryland, Department of Public and Community Health, 2004). The use of faith-based community groups is consistent with Filipino cultural values.

Each of the community based organizations was provided with membership identification cards in order to track down the number of participants. HALP issued 479 identification cards to active members of the 9 community based organizations.

#### Unexpected Challenges:

1. Cold weather during the winter season contributed to a low attendance during sessions at FASGI, but the HALP participants continued to do their “*KALI*” exercises at home
2. Changes of office locations and venue of meetings with the community based organizations sometimes disrupted the momentum in the recruitment of HALP participants.
3. The seniors’ time and competing schedules particularly those who attended the Friday HALP sessions at FASGI, made it difficult to collect health data (blood pressure, heart rate, and weight). Many were transportation dependent (public transportation or ride-sharing). Some arrive a few minutes late for the sessions and/or leave early when their ride was available or to make a bus schedule. Thus, the opportunity to take the health measures often competed with the seniors’ priorities.

#### Unexpected Successes

1. The Senior Peer Educators who participated in the training were given a *Healthy, Active Lifestyle Project (HALP) handbook* that served as their reference for information they shared with the members. They became more aware and watchful of healthy eating habits and made efforts to apply them in their food selection, food preparation, and eating behaviors.
2. Golden Agers of L.A. (GALA), one of the CBO’s, began to serve more healthy and nutritious food during their meetings and social events.
3. The Vice President of GALA happily announced at their meeting that “*wala nang litson sa kainan, masama iyan sa katawan*”. (“No roasted pig in the menu, it is bad to our health”).

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4. F.P. (age 75 years), and L.H. (79) showcased their increased agility and flexibility from the Kali exercises, by proudly showing their skills in dancing the “*Tinikling*” (bamboo dance).
  5. HALP participants are making healthy choices among Filipino-American restaurants in Historic Filipinotown and surrounding areas. One Filipino restaurant in Filipinotown has agreed to modify some dishes in their menu selection as shown in Document A.
  6. A quote from Linda, one of the participants is an example of a behavior shift in food selection.  
“*Doon na ako bumibili ng ulam sa Nanay Gloria kasi masayadong mamantika ang pagkain sa Bahay Kubo*”. (“I am now buying my food at Nanay Gloria (Filipino restaurant) because the food is too greasy at Bahay Kubo (Filipino restaurant)”).
  7. The HALP evaluation consultant, Dr. Melen McBride worked with HALP staff to develop an evaluation plan, provided evaluation tools to collect feedback and suggestions from the Senior Peer Educators and HALP participants, and guided the HALP/FASGI staff in creating an evaluation processes appropriate to the demographic and cultural characteristics of the HALP participants. These evaluation tools include questionnaires and open-ended questions for interviews of HALP participants and a focus group of Senior Peer Educators. The tools are now part of FASGI’s evaluation resources that would be used for HALP and adapted to future projects at FASGI.
  8. HALP opened an opportunity for FASGI to explore the use of health technology support by pilot testing an electronic health data system that tracks the health measures (blood pressure, heart rate, weight, physical activity, etc) for an individual. The *Innovesses* system<sup>6</sup> was developed by a private company and the Chief Executive Officer approached FASGI to market test the product to determine the accuracy and user friendliness of the system.

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<sup>6</sup> Innovesses, a health management company, helps reduce health care costs for the “baby boomers” through “serious games”.

The system can be customized and for FASGI, it was adapted to older Filipino adults with a wide range of education and literacy skills and who have minimal or no computer skills. Eighteen FASGI clients, age 50 to 80 years, are currently users of the system and 28% are HALP participants. The system meets Health Insurance Portability and Accountability Act (HIPAA) regulations and is capable of generating an individual health report as well as aggregate report on health variables. It is also capable of applying data analysis procedures to generate frequency data and, when needed. Statistical analysis can be applied at different levels of sophistication. A sample of a graphic data report on blood pressure, heart rate, weight, and physical activity in steps taken with a pedometer is found in **Document B**. The system is discussed further in this document, which also includes a representation of the

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architecture of the system.

9. FASGI was able to recruit nine community-based organizations (CBO) to participate in HALP and they were crucial to the sustainability goals for the project. FASGI plans to continue to expand the learning objectives for the Senior Peer Educators and to maintain/strengthen the knowledge they have acquired.
10. Senior Peer Educators will continue to self-manage their blood pressure, weight, and heart rate at home and will continue to come to FASGI for regular blood pressure, weight, and heart rate measurements by volunteer doctors. They taught HALP participants to continue to do Kali exercises in their homes and/or at FASGI.
11. Senior Peer Educators will continue to provide educational sessions to the CBOs' new members.
12. Senior participants were encouraged to continue to provide feedback or input to FASGI staff on any health related issues they think are important for their health.
13. Senior participants were encouraged to have at least one reunion each year with their peers at FASGI.

Overall, FASGI considers its HALP program to be an effective health intervention/prevention program for seniors who are at risk for the chronic diseases of that normally attend the aging process. It was effective in helping seniors in modify their diets; it motivated them to be more active, and engage in regular exercise, and most of all, it encouraged them to seek regular health check-ups which helps early diagnosis of problems and enables early interventions.

## **Recommendations**

Based on the outcomes, FASGI makes the following recommendations for future programs:

1. Standardize the number of training sessions offered to senior citizens.
2. Ensure consistency in the delivery of the content by monitoring more closely the training sessions provided by Senior Peer Educators.
3. Include in the Train-the-Trainer manual content on adult learning and effective teaching techniques.
4. Increase documentation of the participation levels and outcomes for all participating seniors, as well as Senior Peer Educators.
5. Expand collaboration with health care providers that can provide on-site tests for hemoglobin Alc levels at least twice a year.

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- Incorporate an evidence-based model, such as the Chronic Disease Self-Management Program model developed at Stanford University; make appropriate adaptations to ensure cultural competency for use with Filipino senior citizens.

**Sustainability:**

Through implementation of HALP, FASGI recognized the high incidence of diabetes among Filipino senior citizens. To address this issue, FASGI will implement a new three-year program, *OpenHealth Diabetes*, a diabetes self-management project for underserved primarily Filipino elderly in Los Angeles. The project will be funded by the California Wellness Foundation for three years. The project design will build upon the lessons learned from *HALP*; incorporate many of the aforementioned recommendations; and, continue to use the highly successful Senior Peer Educator model and community based organization partners.

Two Registered Nurses, Jennifer Tolentino from Kaiser Permanente, who provides training to patients on diabetes and Ladeth Espiritu, a Registered Nurse, who is a senior citizen with adult-onset diabetes, will assist with curriculum development and provide training to Peer Educators on diabetes prevention and management. A Registered Dietician, Lily De Guzman, a medical doctor specializing in Endocrinology, Dr. Thelma Lamorena, from Temple Community Hospital, Tony Dicolon and Ken Akune, from Innovesses, will also assist with curriculum development and training of Peer Educators.

**STAFF, CONSULTANTS, AND COMMUNITY BASED ORGANIZATIONS OFFICERS:**

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Jeanette Sayno	Maribel Cuison
Russell Vergara, MSW	Susan E. Dilkes

Department of Aging (DOA) Enrollees

National Asian Pacific Center on Aging (NAPCA) Enrollees

THAI'S Inc. and Nongyao Varanond

Temple Community Hospital

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Balani, Helen  
Carlos, Elena  
Cachero, Adolfo  
Cachero, Erlinda  
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Furing, Elena,G.  
De los Reyes,Julita  
Divinagracia, Exaltacion  
Espiritu, Cesar  
Ganon, Reynaldo, F.

Gonong, Connie  
Hanna, Leona  
Hernandez, Gaudencio  
Lampa, Melida  
Medina, Erlinda  
Monteagudo, Antonio, Jr.  
Palma, Francisca,  
Paus, Ma. Corazon  
Rallos, Rosita  
Rey, Mercedita  
Romero, Carmelita  
Songco, Elisa

### **HALP Senior Partners Executive Officers**

#### **Golden Agers (GALA)**

229 Corondolet Street  
Los Angeles, CA. 90026

Officers:

President: Erlinda Ventura  
Vice President: Emma Argel  
Secretary: Cecilia Berango  
Treasurer: Lita Daz

*Membership: 32*

#### **St. Columban Women's Council**

125 S. Loma Drive  
Los Angeles, CA. 90026

Officers:

President: Connie Gonong  
Vice President: Leonida de la Rosa  
Secretary: Cecilia Knickerbocker  
Treasurer: Emma Argel

*Membership: 40*

#### **Batangas Senior Citizen Association of L.A.**

3818 York Boulevard  
Los Angeles, CA. 90065

Officers:

President: Ted Lineses  
Vice President: Lydia Capulong  
Secretary: Nena Dayag  
Treasurer: Felicidad Villegas

*Membership: 150*

#### **Cebu Brotherhood, Inc.**

1925 S. Temple Street #111  
Los Angeles, CA. 90026

Officers:

President: Ager Libago  
1<sup>st</sup> Vice President: Larry Caballero  
Secretary: Reverend Eric Ong-Veloso  
Treasurer: Luz Itzel

*Membership: 100*

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**Ladies of Rizal**

822 N. Hazard Avenue #417  
Los Angeles, CA. 90063

Officers:

President: Mila Lingad  
Vice President: Melly Sta. Maria  
Secretary: Linda Jaime  
Treasurer: Remy Vergara

*Membership: 30*

**Aglow, LA Chapter**

1327 N. Pacific Avenue  
Glendale, CA. 91202

Officers:

President: Luz Carpina  
Vice President: Eufrocina Alamen  
Secretary: Barbara Jackson  
Treasurer: Shirley Bantug

*Membership: 25*

**Filipino American Young Once (FAYO) Golden Years Association**

715 N. Coronado Street  
Los Angeles, CA. 90026

Officers:

President: Rose L. Rallos  
Vice President: Juvy Alenjandrino  
Secretary: Tita Gawat  
Treasurer: Aida Millares

*Membership: 30*

2500 West Avenue 33  
Los Angeles, CA. 90065

Officers:

President: Nelia J. Doreza  
Vice President: Marci Ligad  
Secretary: Emilia Sta. Maria  
Treasurer: Felicidad Mendinueto

*Membership: 119*

**Lord of Harvest**

2301 Bellevue Avenue  
Los Angeles, CA. 90026

Senior Pastor: Benny Aranas  
Associate Pastors: Pat Bisnar/Mel Abenoja/Abel Dang-aon

*Membership: 200*

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## APPENDIX 1

### RECOMMENDED EVALUATION METHOD FOR HALP

HALP PROJECT NEED: EVALUATION DATA FROM PARTICIPANTS IN THE SESSIONS TAUGHT BY SENIOR PEER EDUCATORS

SUGGESTED STRATEGY: Focus Group of participants who attended the Senior Peer Educators' Training Sessions

Schedule a Focus Group session with 15-20 participants to get qualitative feedback on their experience.

#### SUGGESTED FOCUS GROUP QUESTIONS:

1. What did you like about the training sessions you attended?
2. What changes have you made in your lifestyle and health practices because of these trainings?
3. What parts of the training sessions can we improve on?
4. What suggestions do you have to help keep HALP available to our **community**?

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***REMINDER: Collect demographic information from each participant – age, gender, marital status, years in US (if an immigrant), present work history (if relevant), number of sessions provided by the Senior Peer Educator that participant had attended.***

## APPENDIX 2

### HALP SENIOR PEER EDUCATORS DEMOGRAPHIC INFORMATION

#### BATCH 1

SPE	AGE	GENDER	YEARS IN US	EDUCATION	LANGUAGE SPOKEN	HEALTH STATUS (Self-Report)
1	77	F	14	College graduate	English, Pilipino, Cebuano	High blood pressure
2	79	F	15	College graduate	English, Pilipino	Good
3	80	F	15	Elementary	English, Pilipino	Good
4	78	F	14	High school graduate	English, Pilipino	Diabetes Mellitus, High Cholesterol, High Blood pressure
5	71	F	20	College	English, Pilipino	Hypertension, arthritis, osteoporosis, back pain, diabetes mellitus
6	77	F	17	College graduate	English, Pilipino	Arthritis
7	75	F	23	College graduate	English, Pilipino	High Blood pressure, Heart disease, Diabetes Mellitus, High Cholesterol
8	73	F	35	College graduate	English, Pilipino, Cebuano	Hypertension, arthritis, back pain, diabetes, SOB, Palpitations
9	65	M	29	College graduate	English, Pilipino, Hiligaynon	High Blood pressure, Osteoporosis
10	80	F	11	Elementary	English, Pilipino	Arthritis, High Cholesterol
11	67	M	7	High school graduate	English, Pilipino	Good
12	72	M	6	High school graduate	English, Pilipino	Hypertension, Arthritis
13	80	F	14	Elementary	English, Pilipino	High Blood Pressure, Heart Disease, Arthritis

**BATCH 2**

<b>SPE</b>	<b>AGE</b>	<b>GENDER</b>	<b>YEARS IN US</b>	<b>EDUCATION</b>	<b>LANGUAGE SPOKEN</b>	<b>HEALTH STATUS</b>
1	61	F	6	2nd yr. High School	English, Pilipino	High Blood Pressure, Diabetes Mellitus, High Cholesterol, Arthritis
2	61	M	3	College Graduate	English, Pilipino, Cebuano	Good
3	63	F			English, Pilipino	High Blood Pressure, Cancer, Arthritis, High Cholesterol
4	64	F	36	College Graduate	English, Pilipino	High Blood Pressure, Diabetes Mellitus, High Cholesterol
5	65	M	17	Associate	English, Pilipino, Cebuano	High Blood pressure
6	67	F	3	College Graduate	English, Pilipino, Cebuano	Good
7	70	F	20	College Graduate	English, Pilipino	High Blood pressure, Diabetes Mellitus, High Cholesterol
8	70	F	5	Elementary Grad	English, Pilipino, Cebuano	Good
9	72	F	37	College Graduate	English, Pilipino	High Blood pressure, High Cholesterol
10	76	F			English, Pilipino	High Blood pressure, High Cholesterol
11	87	F			English, Pilipino	Good

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## APPENDIX 3

### LECTURES GIVEN TO FASGI/HALP PARTICIPANTS

#### February 2006 – December 2007

Date	Lecturer	Topics
August 3, 2006	Lawrence Miravite	First Aid and CPR
August 7, 2006	Bryan Masayon, P.T.	Self Massage Techniques
August 10, 2006	Juvy Alejandrino (HALP Participant)	Self Massage Techniques
August 14, 2006	Lawrence Miravite	Stress & Health
August 17, 2006	Bryan Masayon, P.T.	Therapeutic Position & Body Mechanics
August 21, 2006	Lawrence Miravite	How to read Food Labels For Nutrition & Facts
August 24, 2006	Caroucel K. Chuateco, M.D	Nutrition & Food Pyramid
August 26, 2006	HALP Field trip	“Summer Frolic” National City, CA
August 28, 2006	Group I “HALP”	Cooking Demo
August 31, 2006	Group II “HALP”	Cooking Demo
September 4, 2006	TSS Rojan, M.D.	Pulmonary System
September 7, 2006	Lawrence Miravite	Fall Prevention
September 11, 2006	Lawrence Miravite	Arthritis
September 14, 2006	Bryan Masayon	Physical Activity & Health
September 18, 2006	Lawrence Miravite	Aging
September 21, 2006	Gennie Kim, Dietician	Healthy Diet
September 25, 2006	Ovid Mercene, MD	Heart Attack
September 28, 2006	Ovid Mercene, MD	Chest Pain

## APPENDIX 4

### COMPARISON OF GROUPS ON TEST SCORES AND OTHER RATINGS

GROUP	Age Range & Average Age	Pre-Test Score, Average	Post-Test Score Average	Health Self-Rating	Rating on Impact of Training	Rating for HALP Staff	Rating for Amount Learned	Rating for SPE Teaching
Senior Peer Educators (SPEs)	63-87 yrs M = 72 yrs N = 23	M = 9.2 N = 19	M = 9.7 N = 19	M = 3.25 Rating (N=19) 1 = 0 2 = 1 (6%) 3 = 11 (69%) 4 = 3 (19%) 5 = 1 (6%)	M = 4.5 Rating (N=19) 1 = 0 2 = 0 3 = 1 (7%) 4 = 5 (36%) 5 = 8 (57%)	M = 4.12 Rating (N = 17) 1 = 0 2 = 0 3 = 1 (6%) 4 = 7 (41%) 5 = 9 (53%)		
Friday HALP Participants	63 – 87 yrs M = 78 yrs N = 31	M = 7.4 N = 28	M = 7.9 N = 25		M = 4.05 Rating (N=18) 1 = 1 (5%) 2 = 0 3 = 3 (17%) 4 = 3 (17%) 5 = 11 (61%)	M = 4.05 Rating (N = 18) 1 = 1 (5%) 2 = 0 3 = 3 (17%) 4 = 3 (17%) 5 = 11 (61%)		
Non-HALP/FASGI Clients	58 – 79 yrs M = 68 yrs N = 20	M = 9.4 N = 20	M = 10.6 N = 9	M = 3.42 Rating (N = 19) 1 = 0 2 = 1 (5%) 3 = 11 (58%) 4 = 5 (26%) 5 = 2 (11%)				
CBO Members Attendees							M = 2.63 Rating (N=27) 1 = 0 2 = 10 (37%) 3 = 17 (63%)	M = 2.59 Rating (N=27) 1 = 0 2 = 11 (41%) 3 = 16 (59%)

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**APPENDIX 5**

**HALP STAFF OBSERVATION OF SENIOR PEER EDUCATION**

Name of Senior Peer Educator:

\_\_\_\_\_

Topic of Training Session:

\_\_\_\_\_

Date of Training Session:

\_\_\_\_\_

Length of Training (minutes):

\_\_\_\_\_

Name of HALP staff: \_\_\_\_\_ Title \_\_\_\_\_

***Rate the Senior Peer Educator on the items below using a 3-point scale of 1= needs coaching; 2=adequate; 3=very skilled.***

Senior Peer Educator Activities	Very skilled	Adequate	Needs Coaching
Is prepared to teach the topic			
Gives clear explanation of information			
Uses examples to make information more meaningful			
Gives clear answers to participants' questions			
Encourages class participation			
Covers the material within the allotted time			
Total Score			

Overall Score\*: \_\_\_\_\_

\*Add 2 points to overall score if SPE uses visual aids.

List observer's intervention for SPE who need coaching on specific items.

Comments:

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**APPENDIX 6**

**HALP SENIOR PEER EDUCATOR'S SELF-ASSESSMENT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Topic of Training Session: \_\_\_\_\_

Date of Training Session: \_\_\_\_\_

Time of Training Session: \_\_\_\_\_

Please help FASGI and HALP support your training activities as a Senior Peer Educator by answering the questions below after your training session and turn it in to Bernie Targa, HALP staff. Thank you.

1. How many attended the class? \_\_\_\_\_
2. What was the reason for choosing the topic for this class?
3. Who helped you prepare to teach the class?
4. How prepared were you to teach the topic?  
\_\_\_\_ well prepared \_\_\_\_ somewhat prepared \_\_\_\_ needed more preparation
5. What did you like best about this training session?
6. What changes (if any) would you make in your preparation and teaching activities?

*Remember to turn in this form to a HALP staff after your training session. Thank you.*

APPENDIX 7

**HALP PARTICIPANT POST TRAINING FEEDBACK**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

TITLE OF TRAINING PROGRAM: \_\_\_\_\_

Dear Participant:

***FASGI is committed to keeping HALP a quality program. Please help us by answering the questions below and return it to HALP staff before you leave. Thank you.***

1. Did you learn new information at this training session?

\_\_\_\_\_ Yes          \_\_\_\_\_ No          \_\_\_\_\_ Not sure

2. How much did you learn at this training session?

\_\_\_\_\_ A lot          \_\_\_\_\_ Some          \_\_\_\_\_ A little

3. How well was the information presented today?

\_\_\_\_\_ Very well          \_\_\_\_\_ It was alright          \_\_\_\_\_ Can be improved

4. Would you tell your friends to come to sessions like you had today?

\_\_\_\_\_ Yes          \_\_\_\_\_ No          \_\_\_\_\_ Maybe

5. Please state one way you plan to use the information you learned today.

6. Comments

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## APPENDIX 8

### CBO MEMBER'S FEEDBACK ON PEER EDUCATOR'S EDUCATIONAL SESSION

QUESTION:: Please state one way you plan to use the information you learned today.

RESPONSES:

1. I will try to eat well balanced meals.
2. Resolve conflicts with other people.
3. I will try to exercise on a regular basis.
4. Be involved in more group social events.
5. I will refrain from worrying about things I can not change.
6. Share with family & friends and people from other religion.
7. Share these to my family and friends
8. Careful in eating the food I eat
9. Eat the proper food as discussed
10. I'm happy to be one of the participant of HALP because I learned so many things and make me strong & healthy doing exercise especially the Kali exercise and I learned the proper diet.
11. Make a right of time to practice to live better and happily share this objective about HALP. Have director explain and encourage senior citizens to participate in all programs that call for more attendance for every group.
12. With the way HALP program was extended to us my health, knowledge and emotional get going with some comrades of this activity improved very well and my depression and anxiety vanished and contentment now in myself so will my knowledge in reflexology and massage therapy. This HALP will be helpful to seniors like me and to be shared.
14. Personal application and of course share the knowledge learned to my immediate family.
15. I am willing to teach others of what I have learned about that is not harmful for the body.
16. I will teach my neighbors of what I have learned.
18. We informed our friends and neighbors to participate in the activities for their lifestyle.
19. It's good to have a good plan to use the information we have learned for the very good of our health and good for our body.
20. We were helped by Miss Jeanette how to say no to perform our activities and our exercises for the day.
21. We talked about where we will have our exercise for the next meeting to make us happy and feel good. What to do how we will feel good and healthier.
22. We talked about the activities what we have done during our exercise that makes our body healthy and strong.
23. I should take my blood pressure regularly and weigh myself weekly to monitor my health status.
24. By taking my blood pressure daily and weighing myself at least weekly, I can monitor the information to be healthy always by eating the right food and also exercise regularly.
25. A regular check-up on my blood pressure and weight would help me monitor myself and also help me avoid unhealthy food.
26. To obtain an normal BP, I'll try to examine regularly and eat the right food such as fruit, meat, vegetables.
27. I should avoid fatty foods and eat fruit, lean meat and vegetables in order to have a normal BP and maintain a proper weight

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**APPENDIX 9a**

**HALP SENIOR PEER EDUCATORS RETREAT**

**Thursday, January 10, 2008  
Senior Peer Educator Questionnaire**

Please answer the items below. The information will be kept confidential and compiled as group information to be used for the Evaluation Report to the agency that funded the HALP project. Give the completed page to FASGI Staff before the Work Group Session. Thank you for your cooperation.

NAME: \_\_\_\_\_

1. When did you start as a Senior Peer Educator? \_\_\_\_\_ (month) \_\_\_\_\_ (yr)
2. How old are you? \_\_\_\_\_ (years)
3. How long have you lived in the U.S.? \_\_\_\_\_ (yrs); in the LA area? \_\_\_\_\_ (yrs?)
4. How many classes did you teach? \_\_\_\_\_
5. How many classes did you teach alone? \_\_\_\_\_
6. Estimate the total number of "students" (older adults) you taught? \_\_\_\_\_
7. What work experiences do you have that helped in you role?
  
8. What is your highest educational level? \_\_\_\_\_ elementary \_\_\_\_\_ high school  
  
\_\_\_\_\_ some college \_\_\_\_\_ college degree \_\_\_\_\_ graduate degree \_\_\_\_\_ post-graduate
9. How did you hear about the position as HALP Senior Peer Educator?
  
10. What training did you get as Senior Peer Educator?
  
11. How many hours of training did you receive? \_\_\_\_\_ (estimate # of hrs)
  
12. Who gave you the training?
13. What benefits did you get from participating as a Senior Peer Educator?
14. What motivated you to become a Senior Peer Educator?



APPENDIX 9c

HALP SENIOR PEER EDUCATORS' RETREAT

Thursday, January 10, 2008  
Evaluation of Work Group Session

Please rate the items below by placing an "X" or circle to your response. The information will be kept confidential and compiled as group information to be used for the Evaluation Report to the agency that funded the HALP project. Give the completed evaluation to Bertie Targa at the end of the retreat. Thank you for your cooperation.

	Low			High	
1. What did you learn from the retreat?					
a. More understanding of the HALP project	1	2	3	4	5
b. Teaching techniques from other participants	1	2	3	4	5
c. Ways to present my opinions and conclusions	1	2	3	4	5
d. Communicating in a group	1	2	3	4	5
e. How to evaluate a training program	1	2	3	4	5
2. Rate the overall retreat					
a. Program was organized	1	2	3	4	5
b. Opportunities to interact with participants	1	2	3	4	5
c. Guide questions were helpful	1	2	3	4	5
d. Questionnaire helped to give feedback	1	2	3	4	5
e. Enjoyed the experience	1	2	3	4	5
3. What did you like best about the retreat?					
4. What can be improved upon if a similar retreat is planned in the future?					

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APPENDIX 10

**MEMORANDUM OF UNDERSTANDING BETWEEN FASGI AND NANAY GLORIA'S  
FAST FOOD RESTAURANT**

*Providing quality health and human services for low-income and underserved older adults since 1981.*



**Geriatric Care | Crisis Intervention | Case Management | Nutrition Education & Training |  
Cultural Enrichment | Physical Fitness | Social Action | Research**

For more information about our work, visit us at [www.fasgi.org](http://www.fasgi.org)

**MEMORANDUM OF UNDERSTANDING BETWEEN  
FASGI and NANAY GLORIA'S FAST FOOD**

This agreement, while not legally binding, stands as evidence that Nanay Gloria's Fast Food (Nanay Gloria's), located at Temple Street, Los Angeles, CA 90026, agrees to partner with the Filipino American Service Group, Inc. (FASGI) on FASGI's Healthy Active Lifestyles Project (HALP). HALP addresses the Community First Goal of "Community Health and Elimination of Health Disparities", and is intended to establish changes to current sedentary lifestyle and dietary habits that contribute to chronic illness.

Nanay Gloria's agrees to:

1. Add to its menu, the healthy recipe, HALPalaya with Chicken Black Beans (dish).
2. Shoulder the cost for the dish.
3. Will provide FASGI with feedback about adding the dish to its menu.

FASGI agrees to:

1. Provide Nanay Gloria's with the recipe for the dish.
2. Refer customers to Nanay Gloria's to try the healthy dish.
3. Provide Nanay Gloria's with feedback about the dish.
4. Include Nanay Gloria's name as a partner in all HALP materials.

\_\_\_\_\_  
Nanay Gloria's Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Susan E. Dilkes  
Executive Director (FASGI)

\_\_\_\_\_  
Date

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## APPENDIX 11

### HEALTH TECHNOLOGY SUPPORT

Several FASGI clients, typically male, could be observed to shy away from HALP participation because of the public nature of the health measurements and recording. Recognizing this problem for HALP, FASGI opened an opportunity to pilot test the use of an electronic health data system to track health measures (blood pressure, heart rate, weight, physical activity, etc) for individuals. The system is produced by *Innovesses* and is called SMaRT Health (Self Management Road to Health).

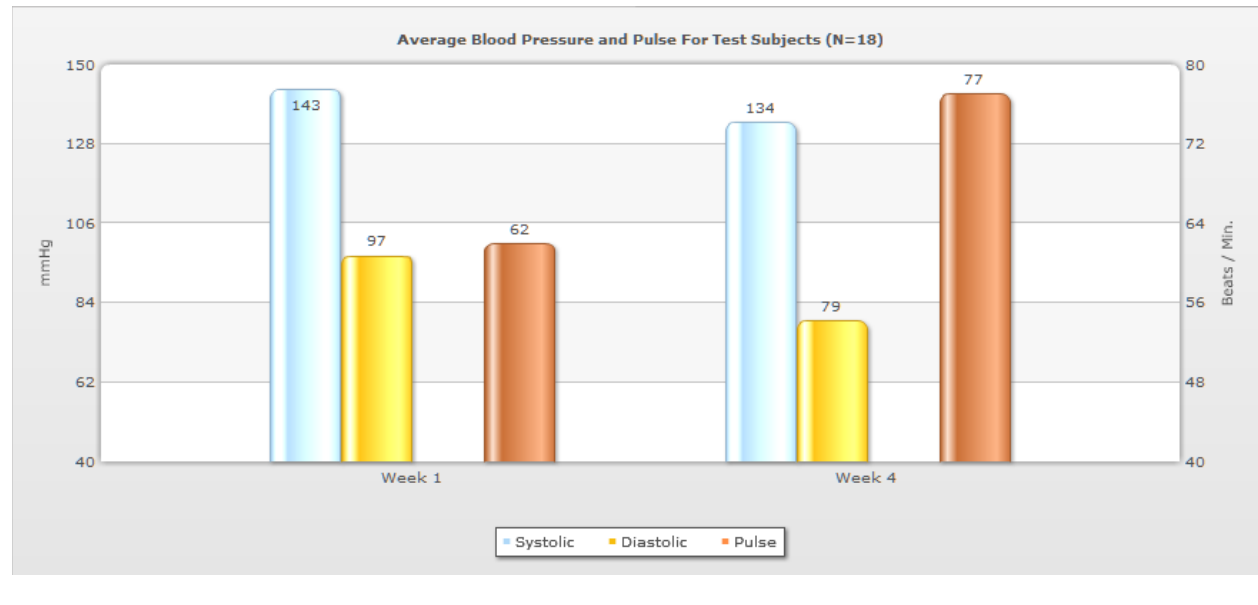


There are two dedicated clinic systems at FASGI being used to collect health information and FASGI staff has been trained to use the system and to assist the users who come daily to FASGI to record their information. *SMaRT Health* is primarily a home-based system; however, the data collection process was centralized at FASGI in consideration of the socio-demographic and cultural characteristics of the pilot test participants. The pilot testing began in March and continued until June. There is ongoing discussion to extend the pilot program and to expand the system's capability to additional health measures such as glucose level. Eventually, this resource is expected to become a permanent technological support for FASGI's health services goals

On July 2008, the *Innovesses* system was one of the service resources that FASGI showcased at a community event - the “Mayor Service Day” sponsored by the Mayor of Los Angeles and the City of Los Angeles.

A sample clinic report of data taken 4 weeks after the *Innovesses* pilot study is show below.

## FASGI Clinic Report Copyright © 2008



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**Table 1a. FILIPINO AMERICAN SERVICE GROUP, INC.  
HALP SPE'S HEALTH MONITORING- CLASS 1  
APRIL 2006 TO FEBRUARY 2007**

SPE	BLOOD PRESSURE			HEART RATE			WEIGHT			INCREASE/(DECREASE)					
	BASELINE	1ST QTR	2ND QTR	POST INTERVENTION	BASELINE	1ST QTR	2ND QTR	POST INTERVENTION	BASELINE	1ST QTR	2ND QTR	POST INTERVENTION	BLOOD PRESSURE	HEART RATE	WEIGHT
1	121/80	116/76	116/72	116/77	94	74	62	64	152	146	136	136	(5) / (3)	(30)	(16)
2	130/90	129/82	130/85	130/85	77	82	77	77	145	145	136	136	0 / (5)	0	(9)
3	138/72	138/83	128/78	127/76	78	76	68	65	122	122	125	125	(11) / 4	(13)	3
4	133/60	137/62	128/61	124/57	84	82	79	74	106	106	98	96	(9) / (3)	(10)	(10)
5	114/53	119/59	121/60	136/64	72	71	67	65	100	100	95	95	22 / 11	(7)	(5)
6	139/71	147/76	128/66	128/66	74	80	74	74	130	131	137	137	(11) / (5)	0	7
7	121/58	113/56	112/55	109/45	63	68	74	71	88	87	85	90	(12) / (13)	8	2
8	140/78	138/71	135/66	161/69	85	70	69	71	135	135	135	135	21 / (9)	(14)	-
9	120/69	122/70	120/64	122/62	76	74	74	73	102	101	101	102	2 / (7)	(3)	-
10	145/76	141/72	133/67	129/64	94	100	101	104	194	194	194	194	(16) / (12)	10	-
11	125/62	128/65	146/68	163/76	62	61	66	77	145	146	149	148	38 / 14	15	3
12	168/85	154/77	138/72	145/76	67	66	67	76	136	136	138	141	(23) / (9)	9	5

BASELINE- BASED ON FIRST BLOOD PRESSURE; HEART RATE & WEIGHT READING  
POST INTERVENTION- BASED ON AVERAGE OF BLOOD PRESSURE; HEART RATE & WEIGHT READING OF THE LAST MONTH OF THE SESSION

**Computation: Diastolic Systolic**

	83	29	42	20
	(87)	(66)	(77)	(40)
Divided by:	(4)	(37)	(35)	(20)
	12	12	12	12
Decrease	(0.33)	(3)	(3)	(2)

**Percentage:**

Decrease:	7/12	9/12	6/12	4/12
	0.6%	0.8%	54.5%	36.4%
Increase	4/12	3/12	4/12	5/12
	0.3%	0.3%	33%	0.42%
No Changes	1/12	2/12	2/12	3/12
	0.08%	0.17%	0.17%	0.25%

**Table 1b. FILIPINO AMERICAN SERVICE GROUP, INC.  
HALP SPE'S HEALTH MONITORING- CLASS 2  
MARCH 2007 TO SEPTEMBER 2007**

SPE	BLOOD PRESSURE				HEART RATE			WEIGHT			INCREASE/(DECREASE)					
	BASELINE	1ST QTR	2ND QTR	POST INTERVENTION	BASELINE	1ST QTR	2ND QTR	POST INTERVENTION	BASELINE	1ST QTR	2ND QTR	POST INTERVENTION	BLOOD PRESSURE	HEART RATE	WEIGHT	
1	121/69	125/70	124/69	129/71	55	56	54	52	143	141	143	143	8 /	2	(3)	0
2	153/92	143/87	140/84	144/89	82	79	78	76	163	165	167	167	(9) /	(3)	(6)	4
3	143/74	141/72	135/69	138/70	75	71	73	70	153	151	151	152	(5) /	(4)	(5)	(1)
4	134/67	130/73	136/76	136/76	103	93	96	96	121	121	121	121	2 /	9	(7)	0
5	148/75	132/62	119/66	126/81	84	87	85	86	164	164	161	159	(22) /	6	2	(5)
6	133/80	129/76	129/77	129/75	80	72	72	73	130	130	130	130	(4) /	(5)	(7)	0
7	123/61	123/59	123/57	124/58	76	76	77	78	116	116	117	116	1 /	(3)	2	0
8	142/69	134/73	124/71	127/71	71	78	71	69	115	118	119	122	(15) /	2	(2)	7
9	143/62	142/67	146/64	146/64	72	75	76	76	119	118	116	116	3 /	2	4	(3)
10	154/69	140/70	127/65	124/63	71	79	80	79	110	110	109	109	(30) /	(6)	8	(1)
11	141/74	134/68	126/65	127/66	87	95	91	90	180	180	180	180	(14) /	(8)	3	0
													(85)	(8)	(11)	1

BASELINE- BASED ON FIRST BLOOD PRESSURE, HEART RATE & WEIGHT READING  
POST INTERVENTION- BASED ON AVERAGE OF BLOOD PRESSURE, HEART RATE & WEIGHT READING OF THE LAST MONTH OF THE SESSION

Computation: Diastolic Systolic Heart Rate Weight

	14	21	19	11
	(99)	(29)	(30)	(10)
Divided by:	(85)	(8)	(11)	1
	11	11	11	11
Decrease	(8)	(1)	(1)	0.1

Percentage:

Decrease:	7/11	6/11	6/11	4/11
	63.6%	54.5%	54.5%	36.4%

Increase	4/11	5/11	5/11	2/11
	36.4%	45.5%	45.5%	18.2%

No Changes

	5/11			
	45.5%			