

**LIFE STYLE MODIFICATION IN FILIPINO AMERICANS WITH  
HYPERTENSION**

**by**

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**TABLE OF CONTENTS**

Introduction .....	4
Purpose Statement .....	4
Method and Results .....	6
Literature Review Search Strategies .....	6
Review of Literature.....	3
Hypertension among Filipino-Americans .....	7
Immigration-Related Stress & Living Adjustment .....	8
Dietary Practices .....	10
Lack of Exercise.....	12
Cigarette Smoking.....	13
Recommendations for Practice.....	15
Culturally Safe and Sensitive Care.....	15
Emphasizing Healthy Diet .....	17
Promoting Physical Activity and Exercise.....	18
Encouraging Smoking Cessation .....	19
Conclusion.....	20
References .....	22

## **Introduction**

Nicknamed the “silent killer,” hypertension (HTN) is asymptomatic in most individuals. According to Ostchega, Yoon, Hughes, and Louis (2008), about seven percent of adults with HTN go undiagnosed each year. Since HTN presents an increased risk for cardiovascular diseases and complications, adults with HTN require early and accurate diagnosis, prompt treatment, and instructions from healthcare professionals. Most of the time, hypertension can be controlled with lifestyle changes and/or medications. Carefully controlled blood pressure can decrease the risk of stroke by 35 to 40-percent, coronary heart disease by 20 to 25 percent, and heart failure by 50 percent (Chobanian et al., 2003).

In general, HTN is more prevalent in communities of color than in the general population (Liu et al., 2010). Filipino-Americans are the only group of Asian Americans to demonstrate a greater incidence of HTN than the general population. In the United States (U.S.), the prevalence of HTN among Filipino-Americans is second only to that of African-Americans (Ye, Rust, Baltrus, & Daniel, 2009).

## **Purpose Statement**

Hypertension is a leading risk factor for cardiovascular disease and stroke. Among Filipino-Americans, heart disease is the leading cause of death in adults aged 45-64 years (Hoyert & Kung, 1997). According to the 2000 report from the U.S Department of Health and Human Services (USDHHS), HTN affects 25-percent of Filipino-Americans living in the United States (US) and accounts for 32-percent of all Filipino deaths. Despite the high awareness of HTN in Filipino American communities, uncontrolled HTN still approaches an alarmingly high rate (dela Cruz & Galang, 2008).

This paper reviews factors that contribute to a higher rate of HTN among Filipino-Americans and factors that may complicate the treatment and management of this condition. In addition, the literature review will describe current, evidence-based approaches to the non-pharmacologic management of HTN in Filipino-Americans, providing important information to clinicians about the integration of HTN treatment plans with the lifestyles and cultural values of Filipino-American patients.

## **Method and Results**

In approaching the problem of HTN among Filipino-Americans, I performed a literature review of existing studies on HTN in various Filipino-American communities. By comparing various evidence-based studies, I assessed the effectiveness of different management techniques. This paper describes an approach to the management of HTN that integrates lifestyle changes, medication management, and the distinct social and cultural values of Filipino-Americans.

### **Literature Review Search Strategies**

The articles used in this literature review were acquired through a systematic search of the Wiley online library and three databases: PubMed, Medscape, and Cumulative Index to Nursing and Allied Health Literature (CINAHL). The initial keywords that I used were “hypertension,” “high blood pressure,” “cardiovascular diseases,” “high blood pressure management,” “treatment of hypertension,” and “lifestyle changes.” Each keyword was paired with either “Filipino American\*” or “Asian American.\*” These preliminary searches yielded over 50 results, of which, 20 were retained for analysis. Articles not utilized were rejected either because they did not report original research or because the original research was more than ten years old. I reviewed the reference lists of the articles that were relevant to my topic, identified other articles that were significant to my topic, located these articles, and included them in the analysis. In total, I reviewed 21 articles that met the inclusion criteria (current research articles referencing HTN within the Filipino-American community). This literature review includes several older studies because research specific to the Filipino American population with hypertension is sparse. Nevertheless, the data and analysis from these studies is varified in the later articles and thus still valid for examination.

## Review of Literature

**Hypertension among Filipino-Americans.** According to the United States Department of Health and Human Services [USDHHS] (2000), heart disease is the leading cause of death for Filipino-Americans, accounting for about 32 percent of deaths in this population. As one of the major risk factors for heart disease, hypertension affects about 25 percent of Filipinos living in the United States (USDHHS, 2004). Approximately 1 out of 4 Filipino-Americans has been diagnosed with hypertension and as many as 60 percent of Filipino-American men and 65 percent of Filipino-American women over the age of 50 have high blood pressure (USDHHS, 2004). Only about eight percent of Filipino-Americans with HTN have the disease under control, compared to a national average of 25 percent (USDHHS, 2004).

A variety of factors have been associated with the high risk of HTN among Filipino-Americans. These include factors unique to the Filipino-American population such as immigration-related stress, dietary practices, and cultural beliefs (USDHHS, 2000). In addition, exercise and smoking, lifestyle elements that are held in common with other Americans, are health habits that may be mediated by the distinct Filipino-American lifestyle. Each of these elements will be discussed in this paper, and unique aspects of cultural influences on the Filipino-American lifestyle will be highlighted.

Obesity is a common problem in many industrialized countries, and is linked directly with several diseases, accounting for as much as 65 percent of HTN among men and 78 percent of HTN among women (Aneja, Atat, McFarlane & Sowers, 2004). While in general, the prevalence of obesity among all Asian adults is low, Filipino adults are twice likely to be more obese than the other Asian subgroups (American Heart Association, 2012). Obesity is a multi-

factorial health problem that relates to dietary habits and physical activity, both of which are related to cultural factors that may contribute to the effects of HTN among Filipino-Americans.

Even when Filipino-Americans appear to be well-aculturated into U.S. society and practices, they may prefer traditional and familiar approaches to healthcare and illness (dela Cruz & Galang, 2008). They may prefer to continue with diet and exercise patterns that remind them of their home country and may even consult faith healers if they perceive that they are not receiving appropriate, unbiased care from typical primary care providers in the U.S.

**Immigration-related stress & living adjustment.** In general, Filipino-Americans who once lived in a country with an unhurried lifestyle must become acclimated to a new and fast-paced environment when they immigrate to the U.S. According to Brown and James (2000), increased blood pressure, whether as a result of environmental factors or psychological stressors, is a common experience among many immigrant populations. Among Filipino-Americans, prolonged residence in the U.S. seems to correlate with higher catecholamine and blood pressure levels (Brown & James, 2000).

A research study conducted among Filipino-Americans in Northern California reported that 54 percent of research participants complained of immigration-related stress (USDHHS, 2000). The participants in the study listed the increasing demands of work, school, caring for family members, and earning an income as the primary causes of unhealthy behaviors such as smoking, drug abuse, lack of exercise, not having annual checkups, and not following a balanced diet (USDHHS, 2000).

The cause of immigration-related stress may be multi-factorial for Filipino Americans. In some cases, stress may be caused because of perceived feelings of discrimination. According to Gee, Spencer, Chen and Takeuchi (2007), racism is a fundamental cause of ethnic disparity. In

their study of 2,095 Asian Americans and Pacific Islanders, a sub-set of 508 Filipino-Americans from the larger study reported that they were discriminated against on the basis of race, skin, color, or ancestry. Racial discrimination may cause stress, which can be internalized as anger. Consequently, this disparity-related stress can be an important risk factor for hypertension (Krieger, 1990).

A random race-stratified study was conducted by Lyles et al. (2011) and consisted of 10,409 eligible patients with diabetes who received care in the Kaiser System in Northern California. The purpose of this study was to explore relationships among racial/ethnic identity, socioeconomic, acculturative, and psychosocial correlates. The sample included five ethnic groups including Latinos, whites, blacks, Asians (Chinese, Japanese, Vietnamese, and Korean respondents), and Filipinos. Filipinos were analyzed separately due to the large number of Filipino-Americans with diabetes who were represented in the sample as well as because previous studies (e.g. health care provider discrimination) had indicated that this cultural group experienced more discrimination and bias in treatment than did other ethnic groups. The participants all had diabetes along with a variety of other risk factors including which HTN and hyperlipidemia. The authors reported that Filipino-Americans reported higher levels of healthcare-related discrimination than other groups in the study including other Asian respondents. The perception of discrimination was associated with greater barriers to receiving care and were related to such things as language-speaking ability and health-related literacy. Patients who reported higher levels of perceived discrimination received fewer services typical of diabetes management including blood glucose monitoring, blood pressure testing, and foot care. Thus, Filipino-Americans who perceived that they were discriminated against by healthcare

providers based on race or cultural identity received more poor care for diabetes and hypertension than did members of other ethnic groups.

**Dietary practices.** Dietary habits are one of the factors that contribute to Filipino-Americans increased risk of cardiovascular disease (USDHHS, 2000). In the U. S., positive effects of lifestyle modification on weight and blood pressure control have been well-documented in the literature (Elmer et al., 2006). The traditional Filipino diet includes many high-salt foods known to contribute to the development or worsening of HTN. The DASH (Dietary Approaches to Stop Hypertension) diet, emphasizing high fiber, low fat, reduced sodium, and enhanced potassium, calcium, and magnesium intake, is an evidence-based plan that has received widespread support from physicians and U.S. governmental agencies (Sacks et al., 1999). Most of the recommendations for lifestyle and dietary modification are directed to Caucasian Americans. These recommendations may be less effective when used with populations such as Filipino-Americans.

Dela Cruz and Galang (2008) reported the results of a descriptive, qualitative study performed in the Filipino-American community (2008). The intentions of the study were to provide descriptions of the illness beliefs, perceptions, and practices of Filipino-Americans with hypertension in order to reveal their explanatory models for their disease (dela Cruz and Galang, 2008). In regards to dietary practices, Filipino-Americans who recently migrated in the U.S. became overexposed to meat and diverse foods. This was a sudden shift from their usual intake of protein, fish, fiber rich diet of fresh fruits, and vegetables (dela Cruz & Galang, 2008). Study participants were aware that the Filipino food is elevated in sodium and high in fat and it is associated with hypertension (dela Cruz & Galang, 2008). As one participant stated, "Filipino cooking uses too much salt like patis, bagoong, and soy sauce...we grew up with this taste...we

crave for these ingredients” (dela Cruz & Galang, 2008, p. 121). The authors concluded that Filipino-Americans have difficulty adhering with lifestyle changes and medication regimen, despite their awareness of the causes, consequences, treatment, accessibility to medical treatments, and supervision in order to manage their blood pressure (dela Cruz & Galang, 2008). One implication is that Nurse Practitioners (NPs) need to realize that although Filipino-Americans who lived in the U.S. display some acculturation, they may still hold certain cultural and traditional perceptions and practices related to health and illness (dela Cruz & Galang, 2008).

The USDHHS, in partnership with the Asian and Pacific Islander (AAPIs) Health Forum, conducted a longitudinal research study to assess the cardiovascular health of the AAPI population. The study focused on the Filipino community located in the Bay area of California (San Francisco & Daily City). The study included 39 participants consisting of 22 females and 17 males ranging from age 20 to 79 (USDHHS, 2000). They used three methods to collect data: focus groups, key informant interviews, and community in-depth interviews (USDHHS, 2000). Nutritional findings from this study disclosed that Filipino-American participants’ diets contained high amounts of salt that are part of the ingredients of foods that are commonly eaten. These ingredients included patis (fish sauce), bagoong (shrimp paste), anchovies, anchovy paste, soy sauce, and oyster sauce, (USDHHS, 2000). The study also found that in the U.S. these ingredients are cheaper, more affordable and there is more variety to choose from promoting frequent use and in greater quantities (USDHHS, 2000). Consumption of unhealthy food may be related to the Filipino traditional practices such as gift-giving. Gift-giving (pasalubung) is considered customary and it is considered disrespectful and rude if gifts are not well received (USDHHS, 2000). Common gifts include alcohol, roast pork, adobo, and chicharon (USDHHS,

2000). Given the strong relationships between cultural food preferences and the association of traditional foods with a lifestyle that is familiar and comfortable to Filipino-Americans may contribute to the worsening of HTN and other diet-related healthcare problems.

**Lack of exercise.** Multiple studies have shown the benefits of aerobic exercise for individuals with HTN. Decreased physical activity and lack of regular aerobic exercise are linked to poor cardiovascular health in general and worsening HTN in particular. As with diet, pre-existing cultural factors among Filipino-Americans may contribute to a lack of regular intentional exercise in this population. In a study previously discussed, the 2000 study of Filipino-Americans in San Francisco and Daly City, California, researchers also explored participant beliefs about physical activity and exercise. In that sample of 22 females and 17 males between ages 20 and 79, the majority of participants believed in the importance of physical activity but preferred walking to vigorous exercise (USDHHS, 2000). Further, while participants did not engage in common forms of aerobic physical activity (such as using exercise machines) (USDHHS, 2000), they enjoyed alternative types of aerobic activity such as dancing (USDHHS, 2000). The participants also indicated that they stay physically active by performing house chores such as laundry, cleaning, and gardening, all of which are recognized as heart-healthy practices (USDHHS, 2000).

The study found that a high percentage (81%) of the Filipino-Americans had only exercised once in the last month, at the same time about 38 percent took part in community activities (USDHHS, 2000). Barriers to physical activity included insufficient time, boredom with the activity, problem in changing health habits, lack of motivation, and managing stress (USDHHS, 2000). Dela Cruz and Galang (2008) had similar findings; their study indicated that not enough of time, mostly because of multiple family obligations, was blamed for the lack of

physical activity. Some of the factors related to lack of exercise among Filipino-Americans may reflect differences in economics and prosperity for immigrants living in the United States. Many of the immigrants reported that they were able to hire domestic helpers when living in the Philippines but that this was not available to them in the U.S. For instance, dela Cruz and Galang reported that female focus group participants described childcare responsibilities, domestic duties, and long work hours as the primary reasons for their lack of exercise. Male focus group participants echoed the same sentiments, stating that the availability and affordability of housekeepers in the Philippines meant they had more leisure time to exercise before they emigrated. One participant observed the difference in the transportation method, “In the Philippines, we walk; in the U.S., we ride in our cars” (dela Cruz & Galang, 2008, p. 121). This observation underscores that car ownership, generally unaffordable in the Philippines, is common among Filipino-Americans in the U.S.

**Cigarette smoking.** Smoking has created a large problem within the Filipino community, especially in the youth population. Cigarette smoking is associated with increased risk for HTN and other cardiovascular diseases as well as respiratory problems including asthma, chronic bronchitis, and obstructive pulmonary disease. Among Asian-American youth, Filipinos report the highest rate of cigarette smoking and tobacco use (USDHHS, 2000).

The California Health Interview Survey (CHIS) was conducted in 2001 to evaluate a number of health-related behaviors in the Asian-American community, including cigarette smoking (Maxwell, Bernaards & McCarthy, 2005). The results reported on two large Asian sub-populations including Chinese and Filipinos along with other racial and ethnic groups (Maxwell, Bernaards & McCarthy, 2005). Data were obtained using a random-digit dial telephone survey of 53,907 adults who provided information about cigarette smoking and a number of other variables

(Maxwell, Bernaards & McCarthy, 2005). The survey assessed the smoking status of different racial/ethnic groups, including non-Hispanic whites, Hispanics, African Americans, American Indians/Alaskan Natives, Pacific Islanders, Asians, Asian-Chinese, and Asian Filipino (Maxwell, Bernaards & McCarthy, 2005). Chinese participants reported the lowest levels of cigarette smoking, followed by non-Hispanic whites (19%), African Americans (22%), Filipino-Americans (24%), American Indian/Alaska natives (29%), and Pacific Islander (32%) (Maxwell, Bernaards & McCarthy, 2005). The overall current smoking rates was 21-percent among all males. The Chinese males had the lowest rates of 14 percent, in comparison to Filipino-Americans with a much higher rate of 24 percent. The overall smoking rates among Asian female was low in the Chinese population (6%) and much higher in the Filipino female population (11%). The data from the CHIS revealed that the rate of male smokers in the Filipino-Americans is higher than in other groups (non-Hispanic whites, African Americans, and Chinese-Americans) (Maxwell, Bernaards & McCarthy, 2005).

## **Recommendations for Practice**

This paper has described culturally-related factors that contribute to a higher rate of HTN among Filipino-Americans and that may complicate treatment for this large minority population. By understanding cultural influences on the development and treatment of HTN, primary care providers can adopt and implement evidence-based practices for management of HTN among Filipino-Americans in a culturally sensitive and safe approach to care that honors and respects traditional values and health-related practices.

It is important that primary care providers provide care in an atmosphere that is accepting of cultural differences in health habits, communication, and receptivity to treatment recommendations. It is also important to assess patients' understanding of their own health status as well as their health beliefs and practices regarding their disease (dela Cruz & Galang, 2008). Nurse practitioners are particularly well suited to participate in community discussions regarding health issues and to assist in counseling Filipino-Americans regarding self-management of health problems such as HTN. Success in promoting therapeutic approaches to diet may help to reverse the effects of HTN and cardiac disease among Filipino-Americans and improve their overall health status.

**Culturally safe and sensitive care.** It is imperative for primary care providers to take every opportunity to educate and counsel Filipino-Americans on how to get better control of their HTN. Culture can play an important role in the response of Filipino-Americans to health information and recommendations provided by primary care providers. Importantly, in this population, language barriers may be one of the stumbling blocks to educating and counseling individuals about HTN and related health concerns. The goal for this population is to have better blood pressure control through current management and treatment plans. Providers need to be

aware that in order to be successful, being attentive to tradition, culture, religion and health practices will help in the management of their illness. Furthermore, being culturally sensitive may help providers gain patient trust, which results in adherence. Whenever possible, family members who are bilingual in English and Filipino should always be encouraged to accompany their non-English speaking family members to their appointments and visits to help relay the instructions and other important information so as to better educate them about their blood pressure.

Acculturation of this population may be misleading and can act as a stumbling block in the management of hypertension. Even while seeming to be accepting of and well-integrated into cultural practices and habits of the U. S., many Filipino-Americans may prefer (but not divulge or discuss) traditional, more familiar approaches to diet, exercise, and tobacco use. Primary care providers need to be aware that cultural values, and practices in the Filipino American population may conflict with their management recommendations even when this may not appear to be the case. For example, some Filipino-Americans may be reluctant to take their blood pressure medication due to undisclosed concerns or side effects and so they may avoid treatment altogether or seek other approaches to treatment. Faith healers may be utilized because of their personal connection and traditional relationship to the community.

To better address Filipino-American health issues, NPs must better appreciate varying cultural practices. It is imperative that listening to patient concerns, understanding, cultural behavior (and its effect on health care decision-making), and accounting for a patient's alternative healthcare belief systems (e.g faith healers) will help providers succeed in managing patients' blood pressure.

**Emphasizing healthy diet.** With dietary habit modification, some HTN can be avoided or completely controlled while more severe disease may be more easily and more effectively treated. Thus, promoting education for diet modification is an important aspect of advocating for dietary lifestyle changes in Filipino-American individuals who have HTN and their families. Primary care providers should emphasize the reduction of salt, including avoidance or reduction in use of the common ingredients in most Filipino dishes, which include patis, bogoong and soy sauce. The incorporation of the DASH diet in dietary planning with Filipino-Americans may lead to the reduction of the consumption of fats and sodium (dela Cruz & Galang, 2008). In addition, an ethnic diet of vegetables and fish coupled with reduction of the intake of red meat, high-fat and sugar-rich foods should be reinforced (dela Cruz & Galang, 2008). Promoting the increased use of vegetables and fruit intake should also be emphasized as part of daily dietary habits. Providers can advocate for the use of fresh spices and foods such as ginger, garlic, onion, and tomatoes as a substitute for the deep-fat frying of commonly eaten foods. In addition providers can encourage the use of cooking approaches such as boiling, broiling, steaming, and roasting – without compromising the tastes and flavors that are important to Filipino-Americans. Consultation with a dietician who is accustomed with the dietary practices of Filipino-Americans can help complement these efforts by helping patients plan and prepare their meals and recognize fat and sodium content (dela Cruz & Galang, 2008).

Other ways to promote reduction of salt intake in this population is through education that includes teaching patients to routinely read food labels. Food labels include information such as sodium & fat content as well as caloric value. Teaching patients to understand the meaning of terms such as low salt, low fat, low cholesterol, no salt, reduced or less sodium can help them to identify foods that may be useful in reducing HTN. To be most effective in regards to dietary

recommendation and lifestyle modifications, the primary care provider should tailored these recommendation in keeping with Filipino-American culture and customs to help ensure better control of blood pressure (USDHHS, 2000).

**Promoting physical activity and exercise.** Regular physical activity and aerobic exercise can also help individuals decrease body weight, cholesterol, and stress (USDHHS, 2004). The results of aerobic exercise have proven beneficial in helping individuals to manage HTN and reduce cardiovascular disease. These strategies should be emphasized when providers work with Filipino-Americans who have HTN. As with diet, preexisting cultural factors in Filipino-American communities can be used to the primary care provider's advantage in helping to make effective recommendations for physical activity and exercise in this population. Providers may wish to recommend that patients engage in traditional Filipino activities such as walking, kali (traditional martial arts), traditional Filipino dancing, sipa (Filipino shuttlecock game), aquatic exercise (such as swimming), and playing ball with friends. As little as 30 minutes of these kinds of activities can improve health and lower blood pressure (USDHHS, 2004).

Providers can confidently recommend a sixteen-week program of aerobic exercise knowing that it can significantly improve physical fitness and reduce both systolic and diastolic blood pressure (Duncan, Farr, Upton, Hagan, & Blair, 1985). Land-based exercise such as walking may not be feasible for all who try to reduce blood pressure. For patients who are not able to tolerate walking due to orthopedic issues or obesity, providers can recommend aquatic exercise as a viable alternative that has been shown to elicit significant reduction in arterial blood pressure for those with HTN (Tanaka et al., 1997). Aerobic exercise can be an important preventative measure for those at risk for hypertension, as it reduces blood pressure in both

hypertensive and normotensive individuals (Whelton, Chin, Xin, & He, 2002). Promoting an increase in aerobic physical activity should be encouraged as part of lifestyle modification for those seeking to prevent or treat high blood pressure.

Filipino-Americans may benefit from participation in community-based programs that emphasize physical activity. In one study, participants reported that a free or a low-cost gym in the work place or in the community would promote an increase of physical activity (USDHHS, 2000). When coupled with the promotion of a healthy diet, community-based programs that also promote general health and blood pressure screening have been shown to help reverse the health consequences of HTN such as cardiovascular disease.

**Encouraging smoking cessation.** For Filipino-Americans who are suffering from hypertension, the promotion of smoking cessation therapy in conjunction with other treatments may be the best way to quit smoking (USDHHS, 2004). One therapeutic approach to smoking cessation provides emphasis on stress management, something that could help Filipino-Americans who may be struggling with acculturation issues. Skills for reducing stress and improving quality of life can include learning relaxation, techniques, or starting a vigorous exercise program, which promotes minimizing or avoiding weight gain as well as enhancing the ability to stop smoking and avoid relapse (Sackey & Rennard, 2012). Filipino-Americans may also benefit from a therapeutic approach that emphasizes distraction from thinking about smoking by doing something enjoyable like talking to friends, walking and dancing, can all be effective modifications (Sackey & Rennard, 2012) suggest patients should also identify situations or activities that trigger the craving for smoking or risk of relapse, and develop new coping strategies. The study also recommended avoiding alcohol, keeping oral substitutes (sugarless gum, carrots, sunflower seeds, etc.) is also suggested. Socially, Sackey and Rennard

(2012) also recommend minimizing time with smokers or, if you live with smokers, negotiating with them to stop smoking at home or in the car where exposure to second-hand smoke and the possibility of relapse is high. In terms of beliefs, thoughts such as “having one cigarette will not hurt” should be opposed, as one cigarette typically leads to many more (Sackey & Rennard, 2012).

Involving the Filipino American community in smoking cessation programs will have a colossal impact among the Filipino-American youth as well as Filipino-American adults. There may be value in teaching youth about the risks of developing diseases from smoking, along with promoting the benefits of smoking cessation in culturally appropriate educational settings (Maxwell, Garcia, & Berman, 2006). Providing support and encouragement in an important aspect for helping someone accomplish their goal. Providers may wish to encourage a close family member or friend to attend the smoking cessation program to provide extra support. Participants may benefit from the stories told by other Filipino-Americans about success in smoking cessation as well as about friends or family members who became ill and suffered a serious consequences or died as a result of smoking-related illness (Maxwell, Garcia, & Berman, 2006).

### **Conclusion**

Many Filipinos have migrated to the U.S. with their families, bringing their cultural values with them in hopes for a healthy better and happy life (USDHHS, 2000). This hope can inspire minority health advocates to help improve the overall wellbeing of Filipino-Americans nationwide (USDHHS, 2000). Nurse practitioners working with this population may achieve success in helping individuals reduce their levels of HTN by emphasizing multiple approaches within the context of pre-existing Filipino-American activities, habits, and worldviews. Because

of dangerously high incidence of hypertension among Filipino-Americans, and because of the risk factors embedded in the experience of Filipino lifestyle, these interventions are especially important and should be pursued.

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