I went for my annual checkup, and the doctor told me that my blood pressure is too high.

What else did the doctor tell you?

What did the doctor tell you?

Winner of the 2004 Corazones Unidos Health Honoree Award presented by: American Heart Association.
With the help of your doctor, you can learn how to take charge of your health and your family's health too.

Read how this family talks about diabetes, hypertension, nutrition, physical activity, tobacco and depression.

Keep this booklet and share it with your family.

For additional bilingual information about health and wellness, please visit www.uhclatino.com.
Welcome

This brochure is brought to you by UnitedHealthcare Latino Health Solutions™

This initiative reflects our company’s commitment to serving our Hispanic/Latino members in a culturally and linguistically appropriate way, in an effort to help improve your health care experience. This brochure was created to provide our members with information on a variety of health topics that are common in the Hispanic/Latino community. The following pages contain several "fotonovelas" which portray topics to help you make informed decisions on your health and well-being. Each of the fotonovelas was created with the Hispanic/Latino consumer in mind and deals with the following health topics:

- Diabetes
- Hypertension
- Physical activity
- Nutrition
- Tobacco use
- Depression

By providing this brochure, we hope to give you another tool that will help you understand these important health conditions and make behavioral changes to benefit you and your health.

To find out more about our health management programs or to obtain additional health information, visit us at www.unitedhealthcare.com or www.uhclatino.com. You can also speak to a customer service representative by calling the phone number listed on the back of your ID card.
Prevent the complications of diabetes

Did you know that Hispanics/Latinos are twice as likely to develop diabetes than the general population? Preventive exams are important in the prevention of diabetes complications and help you be as healthy as you can. This chart lets you know what tests you should have and how often they should be done.

<table>
<thead>
<tr>
<th>Exams/Tests</th>
<th>How often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foot</td>
<td>Every doctor visit (do your own exam every day)</td>
</tr>
<tr>
<td>Dilated Eye Exam</td>
<td>Once a year (by an eye-care professional)</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Every doctor visit (do your own monthly)</td>
</tr>
<tr>
<td>Weight</td>
<td>Every doctor visit (do your own monthly)</td>
</tr>
<tr>
<td>Hemoglobin A1c (A1C)</td>
<td>2 to 4 times a year; check with your doctor</td>
</tr>
<tr>
<td>Microalbumin (urine protein test)</td>
<td>Once a year</td>
</tr>
<tr>
<td>Total Cholesterol</td>
<td>Once a year</td>
</tr>
<tr>
<td>Triglycerides</td>
<td>Once a year</td>
</tr>
<tr>
<td>HDL/LDL</td>
<td>Once a year</td>
</tr>
<tr>
<td>Vaccines</td>
<td>How often</td>
</tr>
<tr>
<td>Flu Vaccine</td>
<td>Once a year</td>
</tr>
<tr>
<td>Pneumonia Vaccine</td>
<td>Check with your doctor</td>
</tr>
</tbody>
</table>

You should discuss these guidelines with your doctor during your next visit. Each person is different, and your doctor’s role is to do what is best for you.

1 Eliminate Disparities in Diabetes, Centers for Disease Control and Prevention, www.cdc.gov
Talking about diabetes.

Pedro, a friend at work, was diagnosed with diabetes. He’s very scared because his father had diabetes and died of it.

Hispanics are at greater risk of developing diabetes.

My aunt was diagnosed with diabetes ten years ago, but she made a decision to live. She changed her diet: now she eats fruits and vegetables, chicken and fish, and she cooks with canola and olive oil.

My aunt visits her doctor regularly to have her eyes and feet checked, and also her cholesterol and blood pressure.

It is important for people diagnosed with diabetes to make regular visits to the doctor, who can monitor the disease.

He shouldn’t be scared. What Pedro needs to do is take charge of his health.

How?

She also walks half an hour every day, outside if the weather allows it, or on her treadmill. Plus, she keeps an eye on her sugar levels regularly, and takes her medications when she should.

People with diabetes can live long lives, without complications, if they take care of themselves by eating a nutritious diet and being physically active.

My aunt says that she has many reasons for living, especially her family, and that diabetes is an illness that can be controlled. She will die WITH diabetes, but not because OF it.

And her reward has been that she has not had complications from diabetes.

If you are a UnitedHealthcare member and think you or someone in your family needs information about diabetes, call the number on your ID card or go to www.unitedhealthcare.com.
Hypertension: High Blood Pressure

Heart Disease is the number one cause of death among Hispanics/Latinos. Read what you can do to reduce the risk of suffering a heart attack.

Blood pressure is recorded as two numbers. Systolic pressure (the higher number) is the pressure while the heart is beating. Diastolic pressure is the pressure when the heart is resting between beats. If your systolic pressure is 140 mmHg or greater, or your diastolic pressure is 90 mmHg or more (or both) when measured on two or more occasions, then you have high blood pressure.

High blood pressure, also called hypertension, is a major risk factor for both heart attack and stroke. High blood pressure causes the heart to work harder than normal. That means the heart and arteries are at higher risk for injury. High blood pressure raises your risk of heart disease, stroke, kidney failure and congestive heart failure.

In 90 to 95 percent of cases, the cause of high blood pressure isn’t known. However, several factors increase the chances of having high blood pressure:

- Age – The older you get, the higher your blood pressure tends to be.
- Family History (including race) – People whose parents have high blood pressure are more likely to develop it than those whose parents don't. Latinos and African-Americans are also more likely to have high blood pressure than Caucasians are.
- Excess weight is one of the avoidable risk factors for high blood pressure. An inactive lifestyle can lead to overweight and obesity, a major risk factor for coronary artery disease.
- Drinking too much alcohol also increases a person's risk of having high blood pressure.
- A diet high in salt may be a risk factor for “sodium-sensitive” people. Most Americans eat much more salt than their bodies need.

Your doctor may prescribe eating plenty of fruits, vegetables and nonfat dairy products; losing weight; exercising regularly; restricting salt (sodium) intake and taking medications as directed. These will help lower blood pressure and keep it within healthy limits (below 140/90 mmHg).

2 Heart Disease Facts and Statistics, Centers for Disease Control and Prevention, www.cdc.gov
Talking about hypertension.

High blood pressure – or hypertension – makes it harder for the heart to pump blood throughout the body.

I went for my annual checkup, and the doctor told me that my blood pressure is too high.

What else did the doctor tell you?

He said that I need to make some changes to my lifestyle – that I need to take care of my health, not just worry about it.

Have you been feeling sick lately?

One out of four adults in the U.S. have high blood pressure, but because there are no symptoms, as many as one-third of these people don’t even know they have it.

I don’t feel sick at all, but Doctor Paz said the symptoms of high blood pressure are sometimes silent. It’s a good thing we caught it early.

Is there anything we can do to lower your blood pressure? I’ll support you with whatever has to be done.

It’s not really that hard. All I have to do is make some small changes to my lifestyle, like eating healthier and being more active.

People with hypertension can live normal lives, without complications, by learning to control their blood pressure.

Doctor Paz gave me a whole list of things I can do to lower my blood pressure, like taking my medications every day, just like the doctor ordered, exercising regularly, maintaining a proper weight, stopping smoking, lowering my cholesterol level, and lowering my salt intake.

You’re right. It’s not that hard.

Doctor Paz told your mother that she has high blood pressure. She’s going to need to make some changes in her eating habits and her lifestyle.

No problem, Mom! We will all benefit from eating foods low in salt and cholesterol and be healthier in the long run.

If you are a UnitedHealthcare member, and you or a family member would like information about hypertension, call the number on your ID card or go to www.unitedhealthcare.com to learn about available health education programs.
Exercise: Stay Active

Exercise is anything that involves movement. Our bodies are made to move. Movement increases our energy level, our ability to take on challenges and can help in managing both diabetes and heart disease. It helps us to be happy and healthy. The Surgeon General’s report on physical activity suggests, “People select activities that they enjoy and fit into their daily lives.”

We could not agree more with the Surgeon General, who also suggests that people do some type of moderate-intensity exercise for at least 30 minutes total (for example, 10 minutes walking, 10 minutes raking leaves and 10 minutes walking the dog) on all or most days of the week.

The benefits of exercise

Exercise can be the single most important thing you do for your health. There are many benefits of exercise.

For example, exercise:

- Helps to manage diabetes by lowering blood glucose levels.
- Helps to manage heart disease by improving cholesterol levels and by lowering heart rate and blood pressure.
- Aids in losing weight and keeping it off.
- Eases stress and helps us relax.
- Increases energy level.
- Improves self-image.
- Helps us sleep better.
- Helps prevent osteoporosis.
- Improves flexibility and balance.
Talking about physical activity.

Dad, you’ve been watching t.v. all morning, and it’s a beautiful day outside.

I know Rosa, I know I should be more active, but I don’t like to exercise.

Dad, remember Doctor Paz told you you have high blood pressure and you need to lose some weight. Doctor Paz says exercise is good for your heart.

Ah, my beautiful daughter, always worried about her dad. What do you think I should do to stay active?

Dad, there are lots of ways to stay active...

Doctors recommend that people should exercise 30 minutes a day, five days a week.

Talk to your doctor before starting an exercise program. If you are a UnitedHealthcare member, and you or a family member would like information about being active, call the number on your ID card or go to www.unitedhealthcare.com.

Small ways like taking a 30-minute walk every day can reduce your risk of heart disease, colon cancer, and diabetes.

...like gardening and mowing the lawn. Why don’t we go for a walk? We used to do it all the time when I was little.

Great! Maybe you can help me figure out what to get Mom for her birthday!
**Talking about nutrition.**

**A healthy life starts with healthy nutrition**

Hispanics/Latinos can benefit tremendously by adopting healthy nutrition habits for their heart. Traditional cooking in Hispanic households is heavily based on foods with high fat, cholesterol and salt.

**Fats that raise cholesterol**

A diet high in saturated fats (saturated fatty acids), trans fats and cholesterol tends to raise blood cholesterol and LDL cholesterol. A diet low in saturated fat, trans fat, and cholesterol helps lower blood cholesterol.

Dietary cholesterol is only found in foods from animals. Foods from plants, such as fruits and vegetables, don’t have cholesterol.

Saturated fats are found in foods from animals. Some plant oils, commonly used in commercially baked goods and other food products, also are high in saturated fats. Many foods high in saturated fats are also high in cholesterol.

<table>
<thead>
<tr>
<th>Fats that raise cholesterol</th>
<th>Sources</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dietary cholesterol</td>
<td>Food from animals</td>
<td>Meats, egg yolks, dairy products, organ meats, fish and poultry</td>
</tr>
<tr>
<td>Saturated fats</td>
<td>Food from animals</td>
<td>Whole milk, ice cream, cream, whole milk cheeses, butter and meat</td>
</tr>
<tr>
<td>Saturated fats</td>
<td>Certain plant oils</td>
<td>Palm, palm kernel and coconut oils</td>
</tr>
<tr>
<td>Trans fats</td>
<td>Hydrogenated oils</td>
<td>French fries, donuts and crackers</td>
</tr>
</tbody>
</table>

**Fats that lower cholesterol**

Polyunsaturated and monounsaturated fats tend to lower blood cholesterol when used instead of saturated fats in the diet. In general, plant oils are usually high in polyunsaturated and monounsaturated fats. They are normally liquid at room temperature. Choose liquid or tub margarine instead of butter. Choose stick margarines or other fats and oils that contain less than two grams of saturated fat per tablespoon.

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</tr>
</thead>
<tbody>
<tr>
<td>Polyunsaturated fats</td>
<td>Certain plant oils</td>
<td>Safflower, soy, corn and sunflower-seed oils</td>
</tr>
<tr>
<td>Monounsaturated fats</td>
<td>Certain plant oils</td>
<td>Olive, canola and peanut oils</td>
</tr>
</tbody>
</table>

Salt is not the only way to flavor foods. Experiment with flavorings you have never used before. Try:

- Herbs such as basil, rosemary and cilantro
- Spices like cinnamon and paprika
- Vinegar
- Lemon
- Garlic and onion
- Black pepper or chili pepper

Be patient. It takes six to eight weeks for your taste buds to adjust. Soon the foods you used to eat will taste too salty.
Talking about nutrition.

Rosa, can you get me the vegetable oil from the cabinet?

Mom, I thought you always fry with lard.

I switched over to healthy oils when the doctor told your Dad about his high cholesterol. But I realize eating well is good for the whole family.

Try substituting canola oil or olive oil for lard, yogurt for sour cream, or chicken for pork or beef.

This tastes delicious! I can't even tell the difference!

Yeah, but isn't it hard to find this kind of food at the grocery store?

No, a lot of grocery stores carry healthy food, if you know what to look for. There are lots of low-fat, tasty recipes.

Grilled, boiled, or baked food is healthier than fried food, and just as tasty no matter what kind of food you like – Mexican, Indian, Chinese, or other foods.

This is so good, I'll have another serving.

Remember Dad, Doctor Paz says to watch your portion sizes.

Eating healthy helps reduce weight, controls blood pressure and helps prevent the onset of diabetes.

Yes, let's save some for tomorrow.

If you are a UnitedHealthcare member, and you or a family member would like information about good nutrition, call the number on your ID card or go to www.unitedhealthcare.com to learn about available health education programs.
Smoking: Cancer, Stroke and Heart Disease

Approximately 16 percent of Hispanic adults are cigarette smokers. Cancer of the lung is the fourth most commonly diagnosed cancer among Hispanics/Latinos.

Cigarette smoking is a major risk factor for heart attack and stroke. In fact, tobacco smoke is the single most preventable cause of death in the United States.

The nicotine and carbon monoxide in tobacco smoke reduce the amount of oxygen in your blood. They also damage blood vessel walls, causing plaque to build up. Tobacco smoke may trigger blood clots to form, too.

People who smoke cigars or pipes also seem to have a higher risk of death from coronary artery disease (and possibly stroke) than people who don’t smoke tobacco. Constant exposure to other people’s smoke raises the risk of heart disease and stroke even for nonsmokers.

Don’t smoke: If you don’t smoke now, don’t start. If you smoke, get help to quit. No tobacco product is safe. Stop smoking programs are available to help you quit.

The best-known effect of smoking is that it can cause cancer. It can also aggravate many of the problems that individuals with diabetes already face – such as heart disease. Smoking damages and narrows the blood vessels, which results in reduced blood flow to the heart, the brain, the kidneys and other parts of the body. This contributes to the development of kidney and eye disease, nerve damage and foot problems. Smoking also raises your blood glucose level.

3 Hispanics and Tobacco, Centers for Disease Control and Prevention, www.cdc.gov
Talking about tobacco.

Dad, I need to talk to you about something.

Of course, Enrique. What is it?

It’s hard for me to tell you this, but I’ve been smoking for the past year. I know how harmful cigarettes and smoking can be and I would like to quit.

Actually, I’ve known for a long time. I smelled it on your clothes.

Smoking doesn’t only affect you, it affects those around you as well.

I thought you might be able to help me quit, since you used to smoke.

I’m so proud of you. It’s hard to take that first step. I’m not going to kid you... quitting smoking is difficult and sometimes takes many tries. So don’t get frustrated if you’re not able to quit right away.

I know there are many different ways to stop smoking. How do I know which is best for me?

The nicotine patch was helpful for me, but you might prefer the gum, or benefit from counseling...

There are many different ways to stop smoking. Your doctor can help you figure out which works best for you.

...talk to your doctor to decide which option is best for you. I’ll come with you if you would like.

The first thing I have to do is get rid of these!

If you are a UnitedHealthcare member and would like to learn about quitting tobacco, call the number on your ID card or go to www.unitedhealthcare.com to learn about smoking cessation and other health education programs.
What are the symptoms of depression?

The following symptoms of depression are used to determine if a person should be treated for depression.

Most physicians and therapists follow the guideline that at least five of these symptoms must be present nearly every day for two weeks before treatment for depression is indicated.

- Depressed mood
- Loss of interest or pleasure
- Fatigue/loss of energy
- Feeling worthless or guilty
- Less able to concentrate
- Feeling irritable and angry
- Changes in appetite
- Changes in sleep pattern
- Increase in physical symptoms
- Thoughts of death or suicide

Sometimes other symptoms, such as headaches, general aches and pains, digestive problems, sexual problems, and feelings of anxiety or restlessness, are also present.

People from some cultural groups may describe their symptoms in different terms from those listed here.

Many factors are thought to increase an individual’s risk for depression.

These factors include (1) a history of depression, (2) a family history of depression or (3) stressful life events. Other risk factors for depression are having a current medical condition and substance abuse. Some people who are exposed to these risk factors develop depression while others do not, and we still are not very clear on why this is so. Several explanations have been offered to help us understand the complex forces that cause depression.

When people are depressed, changes occur in the chemicals that send and receive messages in the brain. These chemicals are called neurotransmitters (neuro = nerve and transmitter = send messages). As the process of sending and receiving messages becomes impaired, depression may develop. The two neurotransmitters identified as having a role in depression are serotonin and norepinephrine.

If you feel you are depressed, talk to your doctor right away.
Talking about emotional health.

Rosario, I had a bad day at work today. I have been feeling down for several weeks. Maybe I’m just feeling sorry for myself. I get angry very easily.

Brief periods of feeling sad are normal. However, when such feelings persist for more than 2 weeks, and the mood impairs your ability to function at work or socially, you may be suffering from depression.

What you’re feeling is very real. Maybe you’re depressed.

Depression may be a biological problem.

I know I have to do something about this, but what? Who can I turn to to help me figure out what’s wrong with me? I don’t feel comfortable talking about this.

You should not be ashamed of seeking help. You should take advantage of medical advancements that can help you.

When a family member is depressed, it’s very important to support them in getting appropriate help.

I know what we should do. Let’s go see your doctor. There are people who are trained to deal with problems like yours. It’s their job.

Depression is an illness that can be treated. Getting the right treatment really helps.

That sounds like a good idea. I would like it if you could come with me. I will call my doctor right away. It’s great to have a wife like you.

Treating depression can help you enjoy your life.

If you think you or someone in your family is depressed, talk openly to your doctor. If you are a UnitedHealthcare member, you can get more information on depression by calling the number on your ID card or going to www.unitedhealthcare.com. Ask if your plan includes behavioral health coverage.
A few minutes of preparation can help you and your doctor. Before your visit, read and answer the first two questions. Take the list and a pen or pencil to your appointment. Let the doctor read the list. During the visit, under question three, write down what you need to remember to do after your appointment.

1. What do I want to tell my doctor today?

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2. What do I want to ask my doctor today?

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________________________________________________________________________
Remember the following suggestions:

- Come prepared with your questions
- Say what’s on your mind
- Ask about your treatment options
- Be sure you have your UnitedHealthcare ID card

Obtain additional information to help you learn more about leading a healthier lifestyle.

Visit us now on the Internet:
- www.unitedhealthcare.com (English)
- or www.uhclatino.com (Spanish and English)
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