

Ang Kalusugan at Kayamanan: The Health and Wealth of Hawai‘i Filipinos

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Submitted 24 March 2021, revised 18 February 2022, accepted 21 March 2022.

ABSTRACT

Background: Many Filipinos suffer from high rates of chronic diseases, while systemic and cultural barriers make it challenging for them to access care. Culturally relevant programs that integrate community perspectives and values are essential to improve Filipino health.

Objectives: To understand how health may be improved using self-identified community strengths and assets, researchers partnered with Filipino residents of the Kalihi neighborhood in Honolulu, Hawai'i.

Methods: Researchers conducted a focused ethnographic study in spring 2016 with 52 adult residents of Kalihi to document Filipino perspectives on the overlapping concepts of health and wealth. Specifically, facilitators led culture circles, resulting in semi-structured discussions of community wellness.

Results: Participants shared perspectives of Filipino community health and wealth, resulting in 2 categories—self and relationships, 14 thematic codes and 7 definition components. These components informed the development of a new holistic health framework. The proposed framework may inform the development of more effective health programs rooted in extant community assets.

Discussion: This study sought to empower Filipino residents by acknowledging their views on wellness and prosperity that may not be reflected in conventional healthcare models. Further research is needed to deepen the understanding of the complex cultural relationships between health and wealth in communities of color.

KEYWORDS: Filipinos, Health Determinants, Chronic Diseases, Health Disparities

INTRODUCTION

Culture and history are woven into individual and community perspectives on health.^{1,2} To promote health effectively, culturally relevant and community-specific programs must be based on inclusive conceptions of health. The need for culturally based public health programs in Filipino communities is especially apparent.

The Filipino Community in Kalihi, Hawai‘i

The immigration of Filipinos to Hawai‘i began in 1906 and is sustained by continual employment and financial promise.^{3,4} Filipinos are the fastest-growing ethnic minority³ and the second-largest racial group in Hawai‘i.⁴⁻⁶ Approximately 55% of the Kalihi population identifies as Filipino or mixed-race Filipino compared to 23% of the State of Hawai‘i.⁶ Upon arrival, many immigrants settle in affordable and culturally familiar communities. Kalihi, a neighborhood in the capital city of Honolulu, has a long history of housing such a community, due to its large Filipino population and proximity to blue-collar employment opportunities.⁷

Despite allure and promise, Filipinos in the Kalihi area face many challenges. In this community, 8.4% of the population are uninsured compared to 4.1% state average, and sections of Kalihi are below self-sufficient standards and are medically underserved areas. Kalihi has professional shortages in primary care, dental health, mental health, with fewer than one physician per 3,500 residents.⁸

Filipinos report lower education attainment, occupation levels, and median income than other ethnic groups in Hawai‘i.⁹ In Kalihi, 17.5% of the population is living below the Federal Poverty Level compared to 9.5% state average and 22.9% of households receive Supplemental

Nutrition Assistance Program (SNAP) benefits.¹⁰ Roughly one-quarter of residents have not attained a high school diploma compared to 9.3% for the rest of the state.¹⁰ Lower education is linked with poorer health behaviors, higher stress, and lower self-confidence¹¹. Many Filipinos have multiple, extended-shift jobs, often in physically and mentally taxing domestic and service positions.⁹ They often face workplace discrimination that impacts their ability to have stable health insurance.^{12,13}

At the same time, the Filipino community is known for strong family and community orientation, musical and artistic abilities, and love of community celebrations. Filipinos also contribute heavily to the healthcare industry, providing many medical providers to healthcare facilities.⁴ While well-represented among the skilled nursing workforce, Filipinos remain under-represented as doctors of medicine.

Filipino Health in Hawai‘i

Chronic overwork and stress significantly impact health. In 2018, cardiovascular disease and stroke were the leading causes of mortality for Filipinos worldwide.¹⁴ Filipinos in Hawai‘i also suffer from high rates of obesity, diabetes, and hypertension.¹⁵ More than half of Filipinos were considered overweight or obese, and Filipinos in Hawai‘i had greater mortality rates of stroke compared to other ethnicities.¹⁶ Additionally, Hawai‘i Filipinos report high rates of tobacco use, substance abuse, poor diet and nutrition, and physical inactivity.¹⁵

The need for more effective healthcare is apparent, as are the barriers preventing adequate healthcare access and utilization. Often, Filipinos do not seek preventive care or medical assistance due to an unfamiliarity with extant health resources or complex healthcare systems.¹⁵ When many Filipinos do access care, they report their perceptions of the medical visit

as too invasive, scary, emotional, or painful. They also may avoid doctors to avoid hearing bad news.¹⁷ All these factors discourage Filipinos from attending follow-up appointments, requesting future assistance, or seeking healthcare for the first time.

Cultural concerns also influence decisions to seek medical care. Many healthcare professionals lack knowledge or consideration of non-dominant cultural beliefs, traditions, and practices; understandably, many patients report poor satisfaction in these uncomfortable healthcare encounters.¹⁸ Communication issues and language misunderstandings are major barriers in seeking and continuing care.¹⁵ Coupled with the evidence that Filipinos suffer from low health literacy—only 23.9% are confident filling out medical forms themselves¹⁹ and sociocultural factors underlie this unequal access to and quality of healthcare.

The assets of Filipino communities are numerous and undoubtedly serve as protective factors in community health. Research has shown asset-based community development to be effective in Filipino communities. Group coalitions have utilized deep reservoirs of intangible assets stemming from youth leadership, intergenerational resilience, religious belief, activism, and entrepreneurialship, to produce positive outcomes from health promotion, capacity building, and income generation programs.^{20–22} While assets tend to be defined by the researchers themselves, a more collaborative definition of wealth might be more informative and helpful in any asset-based community project.

Partnerships & Research Co-Development

There has been a growing call to leverage community assets and address holistic health from positions of cultural humility. Culturally competent health services and programs are vital to address and reduce Filipino health disparities.²³ In response, Kokua Kalihi Valley

Comprehensive Family Services has emerged as a leader to partner with local groups in developing sustainable solutions.²⁴ More programs applying a community grounded health model are essential to facilitate active and ongoing conversations within local neighborhoods. Before prevention and healthcare programs can be developed, providers must listen and acknowledge how the Filipino community in Kalihi defines health and wealth, along with any areas of overlap.²⁵

The University of Hawai‘i Office of Public Health Studies offers bachelor’s, master’s, and doctoral-level programming. With a mission to advance the health of the peoples of Hawai‘i, the United States, and the Asia-Pacific region, all Bachelor of Arts students at the University of Hawai‘i Office of Public Health Studies are required to complete a 120-hour experiential practicum: the Applied Learning Experience (APLE), and Masters in Public Health graduate students complete a 240 hour practicum. For more than a decade, Kokua Kalihi Valley Comprehensive Family Services has served as an important practicum site for many public health students, as well as a valued community collaborator for community-based participatory research involving OPHS students and faculty. Most of the students placed at Kokua Kalihi Valley (KKV) are either from Kalihi or have a personal connection to the Kalihi community. KKV is also a valued community employer of many local graduates of the University of Hawai‘i Office of Public Health Studies.

The lead author, Stephanie L. Cacal, is a local resident of the Kalihi community and partnered with Kokua Kalihi Valley on a volunteer basis as she completed her bachelors degree. She later completed the APLE practicum with Kokua Kalihi Valley beginning in December 2015 as part of the bachelor’s degree program. Throughout her experiences collaborating with KKV, she worked with co-author Dr. Jeffrey T. Miguel Acido and the KKV Civic Engagement

Community Education (CECE) team. CECE is a program at Kokua Kalihi Valley that uses popular education methodology and uses storytelling and transformative narratives to promote healing among the communities in Kalihi. Inspired by popular education, critical consciousness, and indigenous social justice movements across the Global South, CECE implements various fellowship programs with primarily Filipino, Hawaiian, and Pacific Islander from Kalihi. As part of the APLE, Ms. Cacal and Dr. Acido co-developed, and partnered to implement cultural circle methodologies into their home community. The developed culture circles were added to culture circles already being conducted in the Kalihi community by the KKV- CECE team to learn more about cultural connections among local Filipinos and multi-generational families who had immigrated from the Philippines.

Definitions

To utilize a strength-based approach, researchers decided to broadly examine all forms of non-monetized wealth identified by Filipino residents from Kalihi, from community assets to individual wellness. Community cultural capital refers to non-monetized wealth that is important to a specific community; this concept accounts for the accumulation of community knowledge, skills, and abilities.²⁶ Social capital is acquired and expanded through community networks and available resources.²⁶ Definitions of community capital vary naturally among cultures, subcultures, and individuals. In Tagalog (Filipino), the national language of the Philippines, the word for wealth is *kayamanan*. The root word *kaya* refers to the capability and power to accomplish a task,²⁷ implying that wealth is rooted in competence rather than reward.

Although a previous study has examined how Filipinos in Hawai‘i define health,¹⁵ which included strong family connections, healthy neighborhoods, access to basic goods and services

(e.g. food, clothing, housing and education) as primary factors, there is a lack of scholarship that utilizes community definitions of health to inform culturally relevant solutions to combat Filipino health disparities. Moreover, there are limited studies discussing the intersecting community views on wellness and prosperity and how this may inform interventions.

THEORETICAL FRAMEWORK

Collecting perspectives of health and wealth in Kalihi requires a localized research approach. To that end, this study conducted culture circles and applied methodology from the *Nakem* (Soul Consciousness) Pedagogy²⁸ and history of Popular Education.²⁹ *Nakem* pedagogy is a practice that uses stories and storytelling to better understand a larger social narrative.²⁸ Methodology used in this study was adapted from the works of Jeffrey Miguel Acido and Michael James,²⁹ where they conducted projects using popular education to create social change in marginalized communities .

Culture circles, created by Paulo Freire,³⁰ are utilized by educators in many disciplines to facilitate natural problem-based learning and dialogue.³⁰⁻³⁴ Specifically, this study used culture circles with Filipino residents of Kalihi to understand their definitions of health and wealth. It further allowed participants to identify responsibilities in advancing community views of health and wealth, in hopes of addressing health disparities and overcoming cultural barriers to accessing healthcare.

Cultural circles, through a popular education methodology,³⁵⁻³⁸ are used to make participants and facilitators mutually aware of what is important to that particular community and how they want to move with that wisdom. People participating in culture circles work together to address a perceived problem in their community and by being together and

articulating what is seemingly a personal issue they can realize that it is systemic and that they can do something about it--instead of being reactionary.

It is important to note that moving with dignity (that is affirmation of what they know) is a key part of popular education. The Pedagogy of the Oppressed as outlined by Friere is one articulated by the oppressed rather than for them (prescribed by others to them).³⁰ Learners dictate the learning and collectively integrate both theory and action.^{38,39} The process is as, if not more, important than the end. ~~It is the wisdom of the popular that becomes educational and pedagogical keeping in line with Paulo Freire's pedagogy of the oppressed³⁰. It is a pedagogy articulated by the oppressed, it is not necessarily a pedagogy for (as in prescribed to) the oppressed. It is not a prescription for the oppressed. In other words, it is the oppressed that gets to dictate the pedagogy. And so it is a process, not so much an end.~~

METHODS

This study employed a focused ethnographic lens in order to determine how self-developed concepts of intangible wealth may be utilized in preventing or alleviating community health concerns.

Participants

Filipino residents of Kalihi, 18 and older, were recruited to share their experiences and perspectives within culture circles. Targeted recruitment to ensure representation occurred through networking opportunities during community events, and informational flyers were posted in local Filipino shops and among vendors at the weekly open market in Kalihi. Further

recruitment occurred through social media platforms, including Facebook, Instagram, and Twitter, to ensure that recruitment efforts tried to reach community members of all ages.

Measures

As a community driven research initiative, culture circles were formed from natural groups of people who were acquainted previously and had similar availability. Culture circles were conducted in English, based on preference of participants. In addition to community leaders, culture circles were moderated by Dr. Acido and Ms. Cacal and CECE team members at various points. The discussion time ranged between an hour to two hours long and varied from two to eight participants per circle.

A semi-structured discussion guide was created to better inform solutions that can promote community wellness among Filipinos in Kalihi. Four standard questions were asked during the culture circles: (1) What is health? (2) What is (non-monetized) wealth? (3) What is your role in making your community healthy? and (4) Where do you go as a place of healing?

Clarification was sought through probing as needed. In defining health, probing asked participants to describe a time they felt healthiest and why, while participants were prompted to expand their definition of wealth to include non-monetized sources. Probing for question 3 prompted participants to describe their communities after initial responses, which led to expanded discussion of community roles. No probing was needed for question 4.

Data Collection

After consent from all study participants, data was collected using a voice recorder and through the use of handwritten notes. After each culture circle, voice recordings were

transcribed, de-identified, verified, and stored securely as a password-protected file on an individual hard drive per IRB protocol. The study protocol (#CHS23945) was reviewed and approved by the University of Hawai'i at Mānoa Institutional Review Board.

Analysis

After all culture circles were conducted, transcripts were reviewed collectively by co-authors Dr. Acido and Ms. Cacal, and thematic codes were developed based on common ideas and narratives shared during the cultural circles. Using qualitative content analysis,⁴⁰ each code was counted and assembled into a comprehensive matrix corresponding to the cultural circle questions. Common themes and narratives, packaged in thematic codes, were used to create a framework to inform solutions and ideas to support wellness. After generating and verifying general health categories, principles and strategies were formed to generalize participant anecdotes. Researchers employed a constructivist paradigm while framing the results into a comprehensive framework. The framework was checked by researchers to ensure fair representation of cultural circle feedback and later, the framework was reviewed by all cultural circle leaders, CECE team members, and co-authors.

RESULTS

After five months of recruitment, a total of 52 participants were enrolled: 13 (25%) male, 39 (75%) female. All participants were between the ages of 18-24. Of the 52 who participated, 22 (42%) identified as first-generation (i.e., immigrant) Filipinos, and 30 (58%) identified as later-generation Filipinos. At the time of discussion, all participants were currently pursuing or

had pursued higher education. Fourteen culture circles were conducted, with circle size ranging from 2 to 8 participants each.

Thematic Codes

Common codes identified across all culture circles are summarized in [Table 1](#). The first question asked was “What is health?” Initially, participants had a difficult time defining health and did not identify themselves to be healthy. Many answered, “I don’t know, I’m not healthy” or “Healthy is everything I’m not... my doctor says I have high blood pressure, cholesterol, BMI, so basically the opposite of me is healthy.” Their definitions were based on opinions of medical professionals, not their own feelings and thoughts. When probed to describe a time they felt healthiest and why, one participant shared they “feel healthiest when I’m with my friends like this, just laughing, I guess it’s because I feel like everything is okay... healthy is laughing, like being able to laugh and make others laugh.” This expanded their definitions of health and included ideas of being physically active, having mental stability, maintaining good nutrition, and feeling “good/ok” about themselves.

The second prompt asked, “What is wealth?” Many initial responses were based on the income and socioeconomic status of families living in Kalihi. Participants made statements such as, “It’s Kalihi, I don’t think we’re that wealthy, let’s be real, we’re all poor.” When asked to further explore concepts of non-monetized wealth that still made them rich, participants eventually formed answers equating wealth to (a) having family, friends, and other interpersonal relationships, and (b) being thankful or content with whatever happiness, love, and support one has. One person shared how wealth was “being present and surrounded by those who love, support, encourage, and constantly remind you that you belong and are valued.”

When asked, “What is your role in making your community healthy?” numerous participants answered this question literally. Top responses included: 1) as an educator/ influencer/ promoter to change to a healthier behavior, 2) as a volunteer - community service, and 3) by attaining higher education to give back to the community in the future. Numerous participants took this question at face value and quickly expressed they “don’t really play a role in my community, since [they] don’t really do much for it.” Further prompts asked participants to think about what communities they belong to, be it small or large. After identifying their communities, they were asked to think of impacts they made as a community member or think about what they have done in that community regardless of perceived benefit. That discussion allowed participants to identify roles they played. One participant stated, “As a member of the community, health starts with me; by keeping myself in check and healthy, I can then help and influence others to do the same, which is what I do for my family and friends. I always try to make small changes by telling them like hey we should walk here, just to get ourselves walking instead of sitting at home all the time”

The last prompt asked, “Where do you go as your place of healing?” Responses to this ranged from personal homes to public outdoor areas, from social environments to solitary places. Many expressed the same sentiment: healing places, loved ones, and favorite activities are often intertwined. The most frequent responses included being with friends or family, enjoying scenic or outdoor destinations, spending time alone, or exercising at a gym. One participant said, “The physical place doesn’t matter as long as my mind is in a place where it feels like it’s okay to be me, and to think freely without judgement, that’s where I go. That can be with friends and family, or alone in my room.”

Filipino Health and Wealth (FilHAW) Framework

Many of the responses and narratives gleaned from the culture circles were similar in how participants thought of achieving optimum health. The Filipino Health and Wealth (FilHAW) framework was created from this data to organize the ways in which health promotion program developers could approach Filipino communities. Seven themes related to health promotion strategies emerged from these culture circles. Themes were assembled into two categories: “Self” and “Relationships”. [Table 2](#) describes the themes in detail, and provides examples of each principle or strategy, as provided by culture circle participants.

Self looked at characteristics of health specific to each individual. This accounted for any definition or response that individuals could do themselves to be healthy. Relationships originated from responses that involved external forces that influence health. Each aspect of health was further separated by principles and strategies in the FilHAW framework. Different principles and strategies, along with pertinent examples, were noted after being shared during culture circles.

The Self category was further divided into four categories: mind; body; spirit or soul; and being or existence. With mental stability, education, and knowledge being some of the most frequently discussed definitions of health, the “Mind” aspect was created. Narratives expressed the importance of a peaceful yet growing mind in the pursuit of optimum health. According to some participants, the mind should have the capacity to think positively and thoroughly through any situation in addition to continuously obtaining knowledge.

Since being physically active, having good nutrition, and feeling good physically were common themes, the “Body” aspect was added to the FilHAW framework. This meant optimum health is achieved only when the body is not reliant on external assistance, or, as a participant

explained, “You don’t need a machine to help you, or you’re not dependent on others to help you do something.”

Another recognized aspect of health was the spirit or soul: people in culture circles expressed they felt healthy when they are spiritually safe. Participants expressed that optimum health can be achieved when they have an “outlet”, allowing them to express and practice freely their individuality, thoughts, and beliefs.

The last aspect of the “Self” health category included the concepts of being or existence. Participants felt it was important to feel good about themselves, and to be wealthy meant having value in existence. This strategy promotes health when participants feel comfortable and find value in both individuality and interdependence. However, this strategy does not suggest they uncritically accept current circumstances, but rather, they continue to work towards goals that perpetuate their sense of being and comfort.

Under the “Relationship” category of the FilHAW were the principles pertaining to family or friends; land; and culture or ancestors or community. The most common definition and source of non-monetized wealth, according to every culture circle, were family and family. This was also mentioned in many definitions of health, as well as in common places sought for healing. Health can be achieved when there is a strong support system to encourage and lay a foundation towards success.

Another unique principle in the “Relationship” category was the connection between health and land. One participant talked about parks as places of respite, but noted barriers in the Kalihi community. Participants noted it is important to ensure the land they live on is habitable, clean, and serviceable, including a diversity of spaces for leisure activities and small-scale agriculture. One given example of the relationship between land and health mentioned

participation in community clean-ups: “[It] isn’t just cleaning the community, but it will allow us to get out, move our body, and be with people we care for.”

The last principle of health is related to culture or ancestors. Many people discussed how generational skills and knowledge are essential for health and wealth, and they emphasized reverence of cultural leaders and valued ancestors. These leaders are an important source of ancestral knowledge who can pass on experiences, skills, and values to help the community navigate towards improved health and being. When leaders teach and share their experiences, skills, knowledge, values, and wisdom to navigate life, health can be achieved. Some examples to do this were intergenerational talk story sessions, community events like Sunset in Kalihi that allowed for fun family bonding, and holding spaces that allow for the community to learn from and teach each other.

DISCUSSION

The Filipino community suffers from many health disparities^{9,15,16} and faces many barriers in accessing health care.^{15,19} For Filipinos living in Kalihi, Hawai‘i, who already struggle with higher rates of cardiovascular disease and additional behavioral and structural risk factors,^{8,16} the task of improving community health is daunting. To address these disparities, health programs and services must be made culturally relevant by incorporating perspectives and beliefs of the community.^{18,23}

Findings from this study demonstrate the need for additional communal spaces where neighbors can collectively reflect and discuss matters of health, wealth, and associated constructs. Initially, the majority of study participants struggled to identify themselves as healthy, and they gave examples of negative stereotypes. When probed further, however,

participants reframed their stories, and more strengths-based reflections arose. This further validates the need for health programs that are relational, strength-based, and rooted in collective values.^{18,23} Upon further probing, they defined health as a holistic concept that goes beyond physical health. These findings are consistent with previous studies.¹⁵ Therefore, community health programs should embrace and address health holistically as well as encourage community dialogue to counter negative stereotypes of their community that have been internalized. Cultural circles with trusted facilitators have the power to critically raise the social consciousness and transform community narratives to be grounded in strengths and resiliency.

As the novel FilHAW framework suggests, interpersonal relationships with family, friends, and others hold great cultural importance. This finding is supported widely in existing scholarship.¹⁵ Therefore, health programs that are family-based or promote social connectedness might be effective in Filipino communities. There is evidence in the literature further supporting the effectiveness of socially-connected and family-based interventions among Filipino communities.^{41,42,43} Also, the framework recommends health programs to acknowledge the deep connection between individual residents and their collective land. Fostering these relationships serves to create healthier individuals in Filipino communities. This coincides with the mission and intention of a local community health center, Kokua Kalihi Valley Comprehensive Family Services.²⁴ There, many programs, such as Ho‘oulu ‘Āina, actively promote the connection between the health of the land and the health of the people.⁴⁴

This study further validated previous studies, as Filipinos find wealth in community cultural capital,²⁶ and find prosperity in their ability to accomplish and achieve—to which the word *kaya* in *kayamanan* alludes.²⁷ Many respondents defined wealth as having strong relationships, happiness, love and support, and knowledge, and these sources propel them

forward towards their healthier lives. Filipinos in Kalihi attribute health as fitness in all aspects of life (i.e., physically, mentally, emotionally, spiritually), as well as practicing self-appreciation and love for what they do, where they live, and with whom they surround themselves.

This study also suggests the need for holistic health programs: ones that acknowledge the intertwined aspects of an individual that need nurturing. Though there are many programs focusing on mental and physical health, programs that consider the spirit or soul and being or existence as pathways toward health are needed also.

Limitations

Given the relatively small sample size of this project, results may not accurately reflect the perspectives of the whole community. Participant recruitment did not yield a representative sample of the surrounding community, mainly due to self-selection bias and associated challenges in recruitment. First, the participants were much younger than the general Filipino population of Kalihi. It is also important to point out that all the participants were college alumni or currently enrolled at the time of interview, which is not reflective of Kalihi residents overall. Education level of participants may have moderated the definitions of health and wealth to be more inclusive and varying from what the majority of the community might believe.

This sample of younger residents may not have suffered from the same prevalence of chronic conditions as the community population. As the sample was mostly between 18 and 24 years old, it can be inferred that some recruitment efforts (i.e., flyer distribution) were much less effective than others (i.e., social media outreach and word-of-mouth spread). In this study, we also could not address generational aspects, which may have shaped culture circle discussions. Generational differences are not limited to age, but also generation on Hawai'i (e.g. 1st

generation, 2nd generation, 1.5 generation). These generational differences could explain why the responses did not show deep connections with Filipino culture. However, the aim of this paper is to discern an overall concept of health and wellness, gleaned from members of all ages, with conditions ranging from none to acute to chronic. Moreover, cultural circle participants were not limited to answering questions based on their own health profile; in fact, they were asked to think about themselves as part of a larger social group.

In addition, considering many participants spent their formative years here in Hawai‘i, their perspectives and experiences may not reflect the beliefs and thoughts of Filipinos who immigrated to Hawai‘i later in life or even Filipinos who grew up in less culturally diverse cities and states. Further study enrolling a larger sample and quantitative methods may help identify differences between subgroups.

CONTRIBUTIONS TO THE LITERATURE

To better understand the health perceptions and choices of a community, providers must create safe spaces for communities to define health, acknowledge diverse sources of intangible wealth, realize communal roles, and identify places of healing. Integrating these definitions of health and wealth allows service providers to develop programmatic goals that work in harmony with extant community values. This, in turn, promotes ideas of asset-based solutions to holistic health issues. In lieu of endorsing generic programs with the intent of adherence to clinical standards of health, programs should emphasize leveraging non-monetized wealth and cultural capital to cultivate a healthier community.

Conclusions

Future interventions can utilize the developed holistic health framework to create culturally relevant programs for Filipinos. Additional research should investigate differences between communities, cultures, and generations (by age or immigration). Perspective differences among subcultures within a community, or among different geographical communities within an ethnic group, should be investigated as well. The relationship between health and non-monetized or intangible wealth remains relatively unidentified. However, this study found they are concepts intertwined within culture.

Implications of this research suggest health programs be more strength-based and community-driven. Moreover, programming should be developed in accordance with community and cultural definitions of health and wealth. When communities are empowered to believe they have control over their health and have plentiful resources to improve their health, health outcomes also improve. If the community perceives that health practitioners understand their core values and beliefs about wellness, health information relayed may be more accepted and more people may be willing to accept a partner in their care.

ACKNOWLEDGEMENTS

Researchers gratefully acknowledge study participants for sharing their invaluable perspectives and time. We also thank Kōkua Kalihi Valley Comprehensive Family Services²⁴ for their collaboration and continued support of the neighborhood.

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TABLES

Table 1. Codes identified during culture circles

Question:		Codes (N)
I.	What is health?	<ul style="list-style-type: none"> ● Physically Active/Fit/Exercise (29) ● Mental Stability (26) ● Good Nutrition/Diet (18) ● “Feels good/okay about self” (17) ● Peace, Free of worry/stress (14) ● “Medically good” body/weight/BMI/blood pressure/cholesterol (14) ● Emotional Stability (13) ● Good Relationships with Friends and Family (13) ● Balance (11) ● Happiness (10)
II.	What is wealth (non-monetized)?	<ul style="list-style-type: none"> ● Friends, Family, Relationships (37) ● Being thankful/content/satisfied with what you have (30) ● Happiness (30) ● Love/Support (28)
III.	What is your role in making your community healthy?	<ul style="list-style-type: none"> ● Educator/Influencer/Promoter - to change behavior to be healthy (27) ● Volunteer - Community Service (18) ● Attaining Higher Education - Give back to community later (12)
IV.	Where do you go as a place of healing?	<ul style="list-style-type: none"> ● With Family/Friends/With people (37) ● Scenic/Nature Areas (beach, park, hikes, outside) (30) ● Alone (15) ● Gym/Courts/Studio (13)

Table 2. Filipino Health and Wealth (FilHAW) framework

Health Categories		Principles or Strategies	Examples From Culture Circles
		<i>Optimum health looks like...</i>	<i>Optimum health can be achieved by...</i>
Self	Mind	... the mind is at peace with itself and is constantly growing. It has the capacity to think positively and thoroughly through any type of situation in addition to continuously attaining knowledge.	<ul style="list-style-type: none"> • Finding a place and time for healing and meditation • Attending places of learning • Thinking critically and reflecting on outcomes
	Body	... the body has the ability to function without help from external forces and is fueled through sufficient diet and exercise that is enough to make one continually play an active role in others' lives	<ul style="list-style-type: none"> • Having a balanced diet and proper nutrition • Exercising or just moving the body regularly • Getting sufficient sleep
	Spirit or Soul	... they are able to have an outlet that allows for them to express and practice freely their individuality, thoughts, and beliefs.	<ul style="list-style-type: none"> • Attending church or other spiritual activities • Participating in various social clubs • Allotting time for pastimes and hobbies
	Being or Existence	... they are comfortable and find value in who they are and what they have as an individual contributing to the community while still creating and working towards certain goals to be a better version of themselves.	<ul style="list-style-type: none"> • Engaging in self-reflection, mindfulness, and realization • Goal-making and celebrating achievements
Relationships	Family or Friends	... a strong and close support system is present to encourage and lay a foundation towards succeeding and achieving goals. Also provides a space of safety, laughter, tears, and love.	<ul style="list-style-type: none"> • Speaking with those who love you on a consistent basis • Sharing a meal or a cup of coffee • Engaging in activities together
	Land	... the land of which they live in is clean, livable, and is well resourced with space for activity as well as agriculture. The land must provide a sense of home, peace, and ability to sustain life.	<ul style="list-style-type: none"> • Starting a community garden • Conducting street/stream/community clean ups • Mapping assets and resources in the area (i.e., gardens, stores, health facilities, scenic routes, local content experts, potential development)
	Culture or Ancestors or Community	... there are resources that teach/pass on/share their experiences, stories, skills, knowledge, values, and wisdom to move forward and navigate through life.	<ul style="list-style-type: none"> • Engaging in community events (e.g., sunset watching, Filipino festival, group morning exercises) • Having "talk story" sessions • Holding a space that allows for the community to teach and learn from each other