Filipinos in Hawai‘i have high rates of obesity, diabetes, hypertension, and the worst measures of behavioral risk factors like tobacco use and poor diet. To address these health issues and create a healthier community, culturally competent programs must be implemented. However, a healthier community cannot be achieved until health is defined. Each community owns different capitals, therefore they all have their own definition of health. The objective of this study is to define health and wealth of Filipinos in Kalihi.

This study is working with a local community health center, Kokua Kalihi Valley (KKV), under the Community Education - Civic Engagement (CECE) program. We will conduct cultures circles where Filipinos residents of Kalihi answer questions about health, wealth, and their community. With the community’s responses, we hope to find the root causes of unhealthiness and assess the barriers to a healthy Filipino community in Kalihi.

This study aims to empower the Filipino residents of Kalihi to find ways to make themselves healthier on their own terms. Through successful intervention, a greater understanding of the health and health issues of Filipinos in Kalihi can be obtained and used to develop better programs to improve the community’s overall health.

Significance

According to the 2010 US Census Filipinos and part-Filipinos are the second largest racial group in Hawai‘i (Gutierrez, 2011). Upon arriving to Hawai‘i, many Filipino immigrants settle immediately in affordable communities that are close to their relatives, other Filipinos, and workplaces (Okamura, 1998). Oftentimes, Filipinos choose to prioritize work to provide for their family, which becomes a huge challenge and hindrance to being healthy.

Filipinos are known to have high rates of obesity, diabetes, and hypertension. The diseases are results of behavioral risk factors like high tobacco use, poor diets, physical inactivity, and failure to do any type of screenings. All of these factors eventually lead to cardiovascular disease and stroke, which are all the leading causes of death for Filipino people. As a result of these high disease incidences, Filipinos are often seen and labeled as unhealthy in the world of medicine. Many of the illnesses that are common for the Filipinos are completely preventable, yet there are no successful programs being used to address these health problems.

As public health advocates, we want to move forward with improving both individual and community health, but to do so we must first define what health is. According to the World Health Organization (WHO), health is “a complete state of physical, mental and social well-being, and not merely the absence of disease.” However, this definition fails to understand that there are other factors to health.
greater than just the individual. Health is an accumulation of the physical, social, emotional, and spiritual well-being of the whole community, in addition to their history, their culture, and their values. That being said, the definition of health is different amongst all cultures and communities. In order to find solutions to help increase the health of a community we need to create culturally competent and community-specific programs. These programs must be particular for the target community based on what they define as health and the barriers/challenges they feel are preventing them from achieving a state of healthiness.

Currently, KKV, a local health center located in Kalihi, has programs that help eliminate health disparities amongst different cultures. Hoʻoulu ʻĀina Nature Preserve and Returning To Our Roots are programs grounded in Hawaiʻian traditions and based on the word waiwai, meaning wealth. The word waiwai has the word wai, which mean “fresh water;” doubled, this shows how the Natives Hawai’ians found wealth in an abundance of fresh water. This kind of wealth is linked to health because an abundant supply of water meant the ability to grow crops, which would then nourish one's body. However, crops cannot be grown unless one connects and tends to the land, which is another aspect to the Native Hawai’ians’ definition of health. After this understanding, programs like Hoʻoulu ʻĀina Nature Preserve and Returning To Our Roots were created to practice land stewardship and collective work that not only created a healthy and wealthy relationship with the land but also with the community and the body. Through these KKV programs, we find that it is possible to incorporate the definitions of wealth and the beliefs and values of a culture into culturally sensitive programs to increase the health and wellness of the community.

Similar programs should be created and proposed to tackle health disparities in other cultures and communities. Though in order for one to create a culturally appropriate program, one must first study the culture. Before anything else, we must understand how the community defines their wealth and health, and what they think are challenges to living a healthy lifestyle in their community. Only then can we understand how to make the community healthier on their terms.

Introduction

Filipinos in Hawaiʻi

Hawaiʻi has a large population of Filipinos, which started in 1906 when Hawaiʻi was still only a US Territory. During this time, 15 sakadas (contract laborers) were recruited from the Philippines to work on the sugar plantations (Aquino & Magdalena, 2010). Due to continuous immigration and high birth rates, the Filipino population has since then dramatically increased and is the fastest growing ethnic minority in Hawaiʻi (Aquino & Magdalena, 2010). The population of Filipinos in Hawaiʻi has grown so much that according to the 2010 US Census, the second largest racial group in Hawaiʻi is the group comprised of Filipinos and part-Filipinos (Gutierrez, 2011). Upon arriving to Hawaiʻi, many Filipino immigrants settle in affordable communities like Kalihi. Kalihi is known as a good place to transition, because it is close to workplaces and closer to their relatives and other Filipinos (Okamura, 1998).

Health of Filipinos

According to WHO, 33% of Filipinos in the Philippines in 2014 died from cardiovascular diseases, 10% from cancers, 6% from diabetes, and 5% from chronic respiratory diseases. Though those statistics only apply for Filipinos in the Philippines, that does not exclude Filipinos in Hawaiʻi because they too suffer from high rates of obesity, diabetes, and hypertension (Pobutsky, Cuaresma, Kishaba, Noble, Leung, Castillo, Villafuerte, 2015). These high rates contribute to cardiovascular diseases and stroke, which are the leading causes of mortality for Filipinos. Filipinos in Hawaiʻi specifically suffer from these diseases because of behavioral risk factors like high tobacco use, substance abuse, poor diet, physical inactivity, and unwillingness to see their doctors (Pobutsky, et. al, 2015). Regardless of this knowledge, many Filipinos still fail to prioritize their health.

Determinants of Health for Filipinos in Kalihi

There are many factors that determine one's health, but what many people fail to realize is that the state of their physical surroundings, social domain, spiritual environment, employment, education level, experiences, and culture have a huge impact on their
health. For example, low education levels are linked with poor health choices, increased stress and lower self-confidence, all of which contribute to becoming unhealthy (WHO, 2015). In the case of many Filipinos, whose highest level of education is a high school diploma, they have to work multiple jobs to make enough money for their family. But this often causes stress and affects their diet, which leads to greater health concerns. Due to all this stress many Filipinos become sick and have to succumb to catastrophic spending for medications and other medical needs. This then leads to the inability bring healthy food for the family leading to poor diet and more stress (Guinto, 2012). From that example we see how, due to employment status and education level, many Filipinos have to sacrifice their health and risk becoming sick and unhealthy.

In addition, there are many other factors that determines one’s health. For example, having a safe built environment with roads and sidewalks, and an area for recreational activity could help make one healthy. For Filipinos in Kalihi, because there is a lack of sidewalks in the community, one might not feel as though it is safe to do recreational activity, which could lead to poor physical health. Other factors linked to better health include a social support network and good relationship with families, friends and members of the community (WHO, 2015). This factor could be the reason why so many Filipinos choose to live in Kalihi close to many other Filipinos. Lastly, culture has a huge impact on one’s health because for many people, especially Filipinos, the choices they make in regards to health are based on the values, customs, traditions, and the beliefs of the Filipino culture.

**Barriers to a Healthy Filipino**

There are many barriers to a healthy Filipino, many of which are reasons as to why Filipinos have poor behavioral risk factors thus making them unhealthy. The biggest risk factor and barrier is choosing not to seek medical help. This barrier could be because of personal priority conflicts, lack of knowledge of the resources available, cultural differences and language misunderstandings.

Kalihi is a low socioeconomic community and the Filipinos who reside there are often immigrants who send money and goods back to their families in the Philippines. To provide for their family, both here and back home, many Filipinos have multiple jobs with long hours. The main goal is to give back so that the families back home are no longer suffering; this explains why they would prioritize working hard rather than their own health. Some Filipinos might use the excuse that they just don’t have time to see the doctor; other times they choose to pay little or no attention to signs or symptoms of sickness so they feel as though there is no reason to even see a doctor (Sentell, Cruz, Heo, & Braun, 2013). Some Filipinos are unaware of what resources are available to them or what their insurance covers, which could cause them to not seek help at all (Pobutsky et al., 2015). In many cases, the whole perception of the visit could hinder Filipinos from seeking medical help. They deem it too invasive, scary, emotional, or painful and so they avoid the doctors to prevent from hearing that kind of news (Sentell, Cruz, et al., 2013).

There are also cultural concerns that make Filipinos choose not to go to the doctor such as the fact that many healthcare professionals lack consideration for cultural beliefs, traditions, and practices. Lack of understanding for their culture makes the patient feel uncomfortable speaking up or asking questions (Maneze, DiGiacomo, Salamonson, Descallar, & Davidson, 2015). Mutual understanding is necessary for quality care. This becomes difficult when the doctor does not understand the patient’s culture and when the patient just does not understand the information being given to them by the healthcare providers. Currently Filipinos have the highest rate of low health literacy, with 23.9% reporting low confidence filling out medical forms by themselves (Sentell, Baker, et al., 2011). Medical information is difficult to understand for Filipinos because of language barriers, use of complex words, small print, and medical jargon (Sentell, Cruz, et al., 2013). Language on both the patient and doctors end become a barrier as to why Filipinos fail to seek medical attention and continue to become unhealthier.

**Cultural Competency & Cultural Connections to Health**

Cultural competency is the ability to understand and respect another’s culture, even if it doesn’t align with what you believe. It is important to be culturally competent especially in medical settings and when creating programs for the community because it enhances the receptivity to and acceptance
of health information. In order to implement a culturally competent program to increase the health of a community, one must first understand their culture and their definitions of health.

Definition of health varies depending on experience, community, population, location, and culture. The Filipino culture has its own beliefs and rituals/customs when dealing with certain diseases and illnesses, many of which are traditions that have been passed down for generations (McBride, 2009). Basically when it comes to the health of Filipinos, their decisions are based on what their culture has taught them. To someone who is not aware of the Filipino culture, they will blame the individual for negative health outcomes because they chose to participate in unhealthy behaviors. But what many people fail to see is that Filipinos are making the decision based on the impact of their culture and community that they grew up in and not taking into consideration the health effects.

Community Cultural Capital

It is safe to assume that no culture and community are exactly alike. A community can be defined as a group of people who have a common characteristic. Oftentimes, and in this research, that common characteristic is referred to the place where a group of people live. Culture refers to characteristics, like behaviors and values, that have been passed down, learned and shared for generations. According to Yosso, these behaviors and values are neither fixed nor static meaning that they change and differ based on place and time (2005). This concept leads to the idea of community cultural capital.

Capital in the business world equates to wealth and the amount of assets one has. Community cultural capital, in the similar way, refers to what a culture in a specific community owns, however the only difference is that this capital is not necessarily monetary. Community cultural capital focuses more on the accumulation of knowledge, skills, and abilities (Yosso, 2005). The critical race theory divides community cultural capital into six different types: aspirational, linguistic, familial, social, navigational and resistant (Yosso, 2005). This means that different cultures in different communities can differ based on any of these types. For example, a Filipino in Kalihi (a community of the working class) might not have the same social and navigational capital as a Filipino in Hawai‘i Kai (a community of mostly the middle/upper class). Social capital refers to one’s social networks of people and community resources, which basically means their peers and contacts who can provide support (Yosso, 2005). Navigational capital essentially is their skill and knowledge to maneuver through different institutions (Yosso, 2005). In the example, though both people share the same culture of being Filipino, because their communities are different, their experiences, knowledge, and perspective are different as well. The Filipinos in Hawai‘i Kai might have better knowledge on how to maneuver through the healthcare system to obtain the healthcare they need because their community and social networks taught them how to do so. On the other hand, the Filipinos in Kalihi might not have that navigational capital but have a stronger social capital in which they have community resources who can help support and aid them in other ways.

Definitions and Connections Between Wealth and Health

Now that we know about different community cultural capitals we can understand that the definitions of wealth and health are different for every culture and community. Health, according to WHO, is defined as “a complete state of physical, mental and social well-being, and not merely the absence of disease” (2015). Wealth is often defined as the total amount of an individual’s accumulated assets and resource (Yosso, 2005). This research looks at non-monetized wealth. To some, the definitions of wealth not related to monetary value can be defined as a sense of belonging, closeness with family, friends, and neighbors, spiritual well-being, and farming knowledge. However, like capital, definitions vary with not only what the culture believes, but also with what the environment provides. Though it is still unclear today, one might find a strong connection and similarity between the two words and definitions.

An example of how one culture’s definition of wealth is related to health can be found with the Native Hawai‘ians. The Native Hawai‘ian word for wealth is waiwai, which comes from the root word wai, meaning fresh water. Doubling the word wai to create the word waiwai shows how the Native Hawai‘ians define wealth as the posses
Hawai‘ians found wealth in the abundance of fresh water. Being wealthy in this sense was linked to being healthy because an abundance of water allowed one to grow crops and plants that could heal and nourish the body. However, to even get foods to grow, they believed that they had to take care of the land. This connects to the Native Hawai‘ian tradition to value and nurture the land. By following these traditions, they not only made themselves physically healthier, but also spiritually since many Hawai‘ians believe that the life of the land is the life of the people. With this example we are able to see how the Native Hawai‘ians’ source of wealth is connected to and can be used as a way of being healthy.

There have been studies that talked about how Filipinos in Hawai‘i define health. However, this definition of health could go even deeper with definitions of wealth. As of now, there are currently no studies that talk about how Filipinos define wealth, or are there studies that show the connection between the two ideas.

Existing Programs at KKV to Improve Health

To address and attempt to eliminate health disparities in Kalihi, KKV used the Native Hawai‘ian definition of wealth and health to design and implement two programs, Ho‘oulu ʻĀina Nature Preserve and Returning To Our Roots, which are grounded in Hawai‘ian traditions and values. Returning to Our Roots is an ʻaina-to-table initiative that aims to strengthen the community through the growing, preparing and sharing of food (KKV, 2015). This program allows people to build health through food, story-sharing and connections to the land. Ho‘oulu ʻĀina Nature Preserve’s mission is for people to see the connections between the health of the land and the health of the people (Ho‘oulu ʻĀina Nature Preserve, 2015). Through this program, the community revitalizes 100-acre upland. By doing this, participants are engaging in healthy and therapeutic activity (Ho‘oulu ʻĀina Nature Preserve, 2015). Both these programs allow people to see that as land is restored to health, the healing is reciprocated and a healthy, resilient community develops. The success of these programs are just examples of how KKV managed to incorporate the beliefs and values of the Native Hawai‘ians into culturally sensitive programs in order to increase the health and wellness of the community.

Methodology

In an effort to create a healthy Filipino community in Kalihi, programs that address the barriers and challenges to being healthy and incorporate Filipino cultures and beliefs need to be created. However, one cannot build an effective program until they first define what a healthy Filipino in the Kalihi community is. This project plans to work with KKV, a local community health center that fosters physical, mental, emotional and spiritual health in response to the absence of accessible and appropriate health care services. This project is under the supervision of Dr. Jeffrey Acido and Ms. Ashley Galacgcac, both of whom work in the CECE Program at KKV, which engages the people of Kalihi about the issues affecting the health and well being of Kalihi.

To specifically understand the needs of the Filipinos in Kalihi, this project plans to conduct culture circles (also known as focus groups or talk story sessions) with Filipino residents of Kalihi to define wealth and health and find the capitals that they have so they can use it to become healthy and wealthy. Four questions will be asked in each session: “what is health to you?,” “what is wealth non-monetized,” “what is your role in making your community healthy?,” and “where do you go as your place of healing?.” After analyzing the data to find the common themes in answers this project will present its findings to members of the Filipino community in Kalihi to make them aware of ways they can be healthier on their terms in hopes to empower them to prioritize their health. Lastly, this project will present its findings to local community health centers like KKV and Kalihi Palama Health Center to help them understand the Filipino culture in Kalihi and develop culturally appropriate mechanisms to address the health issues.

Overall, this project aims to add to the knowledge of how a culture and community plays a role in one's health, specifically in the Filipino community in Kalihi. Furthermore, I would like to bring a new perception of health through the definition of wealth. By doing all of this, a greater understanding of the Filipinos in Kalihi can be made and the overall health and well being will increase the health status of the community.
Biosketch

As a Filipino born and raised in Kalihi, I understand many of the struggles and experiences that other people in this community go through because I, myself, have had to face them or have witnessed it happen. In addition, I can identify with the Filipino community and culture not only because I am Filipino and can speak Tagalog fluently but I have taken many relevant courses through my Filipino minor that have helped me understand the culture even further as well. As a Public Health major following the Pre-medicine track, I have some background not only in individual health but community health as well. Through my major and track, I understand the importance of addressing health disparities of a whole population.

As an aspiring family physician I want to work with underserved communities because I see the health disparities that are not being addressed properly. I know that if I want to create a change towards healthy living in a community I need to understand their culture and incorporate that into interventions they can relate to. Over the summer I was a health advocate at a health fair in Wilmington California, a low socioeconomic community with 95% of the population Spanish speaking. It was difficult for me to motivate them to live a healthy lifestyle because I was not aware of their culture, nor could I speak Spanish so I felt as though I could not relate to them. This made it difficult for them to take the health information. From then realized that there is a great need for cultural competency and understanding. Through this project, I can gain the kind of perspective that will be helpful in my professional development.

References


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