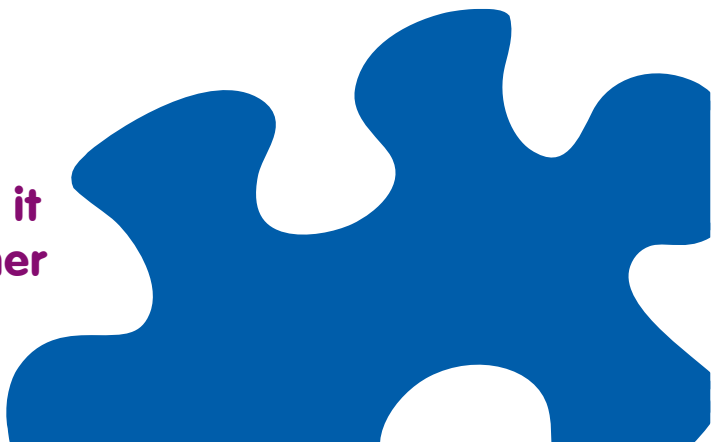




**Children's Mercy**  
**FAMILY HEALTH PARTNERS**  
[www.fhp.org](http://www.fhp.org)

# **Cross-Cultural Health Care Resource Guide**

**We bring it  
all together  
for you**





This 3rd Edition has been updated by Alice Kitchen, LCSW and Sara Weber, MSW of the Social Work and Community Services Department of Children's Mercy Hospitals and Clinics. Suggested ideas or changes are welcome. Route to [akitche@cmh.edu](mailto:akitche@cmh.edu)

## A Note to the Reader

Though the United States has long been known as a “melting pot” for immigrants from around the world, a new and more accurate image has emerged of a great “mixing bowl,” with many cultures and traditions existing side-by-side in a diverse society. Though cultures in contact influence each other, they maintain distinct values, traditions, and characteristics that give their members a sense of identity, belonging, and pride. Understanding and valuing these differences is a responsibility we all share as we live together in a nation defined by its great diversity.

Though the differences among us are evident in nearly every interaction, understanding each other is especially crucial when dealing with and treating illness. Our care is incomplete if it fails to treat patients in a way that is understandable and comfortable to them.

In an effort to encourage culturally proficient care, Children’s Mercy Hospitals, Clinics and Family Health Partners compiled this guide. Sources used in this document are noted in the Reference Section.

The comments included herein are not facts, but generalizations. They will not apply across the board to everyone of the same culture. Each individual belongs to many cultures defined not only by race, ethnicity, and language, but also by religion, gender, age, education, and income, among other things. **The most accurate source of information will always be the patients and families themselves.** Just as they best know their own physical symptoms, they are also most familiar with cultural aspects that could affect their care. As a result, **we encourage you to engage your patients individually in how best to deliver care to them.**

We hope this guide proves to be both educational and useful. Our intent is that it not be the last word, but a starting point instead, leading you and your patients to better communication and better care.

# TABLE OF CONTENTS

|   |           |
|---|-----------|
| <b>Amish and Old Order Mennonite .....</b>  | <b>1</b>  |
| <b>African-American .....</b>               | <b>3</b>  |
| <b>Arab.....</b>                            | <b>5</b>  |
| <b>Asian Indian .....</b>                   | <b>7</b>  |
| <b>Bosnian.....</b>                         | <b>9</b>  |
| <b>Chinese.....</b>                         | <b>11</b> |
| <b>Croatian .....</b>                       | <b>13</b> |
| <b>Cuban.....</b>                           | <b>15</b> |
| <b>Filipino .....</b>                       | <b>17</b> |
| <b>First Nation (Native American) .....</b> | <b>19</b> |
| <b>Haitian .....</b>                        | <b>21</b> |
| <b>Japanese.....</b>                        | <b>23</b> |
| <b>Korean .....</b>                         | <b>25</b> |
| <b>Mexican .....</b>                        | <b>27</b> |
| <b>Puerto Rican .....</b>                   | <b>29</b> |
| <b>Russian.....</b>                         | <b>31</b> |
| <b>Samoan.....</b>                          | <b>33</b> |
| <b>Somalian.....</b>                        | <b>35</b> |
| <b>Sudanese.....</b>                        | <b>37</b> |
| <b>Vietnamese .....</b>                     | <b>39</b> |
| <b>Western European American .....</b>      | <b>41</b> |
| <b>References .....</b>                     | <b>43</b> |



## Amish and Old Order Mennonite

Often the Amish and Mennonites get lumped into one group. Though there are differences between the two groups, there are also many similarities.

### Health Beliefs/Practice

- There is nothing in the Old Order Mennonites or Amish beliefs that prevents valuing modern medicine.
- Home remedies are preferred and used regularly.
- When all else fails, they believe in leaving it up to God.

### Family Planning

- In general, the Amish and Old Order Mennonites do not believe in contraception. Many also do not believe in dating.
- Usually, one will let family members know that they would like to court an individual and the family will discuss it with church leaders to see if it is a good fit.
- The couple courts then will get married. Once you are married, you are expected to have a large family.

### Communication Style

- In general, the Amish and Old Order Mennonites are a very stoic, decent, honest, hard working, devout, and a respectful group of people. Some Amish have a low level of English literacy, so visual and verbal communication is best. Old Order Mennonites will have a higher rate of English literacy compared to the Amish

### Non-Verbal

- Maintain a respectful distance and minimize touching, particularly between males and females.

### Language

- In general Amish and Old Order Mennonites are Bilingual: German and English.
- Among some Old Order Mennonites, Low German is commonly used.

## Religious/Spiritual Beliefs

- Old Order Mennonites and Amish are pacifists and do not believe in any type of war or conflict. Peace is a way of life.
- Humility and simplicity are valued principals.
- Bible-centeredness is very important with an emphasis on simple obedience to the Word of God.
- They are different from the world. This is shown though distinctive appearance and living by example. With more “progressive” Mennonites this is done verbally with an emphasis on ethics and justice.
- Amish and some Old Order Mennonites do not believe in utilizing government programs and thus will not want to utilize Medicaid and other public programs.

## Family Structure

- The Amish and Old Order Mennonites have a hierarchy where God has the ultimate authority. Church, community and family are a top priority.
- Children are expected to respect all authority figures.
- Although women consult husbands when making decisions, women are able to co-own the farm, make household purchases, bid at auctions and write checks to pay bills.
- Child rearing falls primarily on parents but few Old Order and Amish children grow up in an isolated nuclear family.
- Children are rooted in strong discipline and structure where they are taught to be respectful and obedient.

## Food Practice/Diet

Food preferences vary depending on the country of origin. Mennonites also believe in using less of the world’s limited resources while still eating well.

- Meal Pattern: Three meals a day with the entire family.
- Usual Diet: Diet is usually seasonal depending on what was harvested during that time of year. Old Order Mennonites and Amish recipes consist of lots of jams, pies and deserts, meats, and seasonal fruits and vegetables.

## African-American

African-Americans are one of the largest minority populations in the U.S. They regularly deal with issues such as police brutality, employment discrimination and education discrimination. One-third of all African-Americans live in poverty. More than half live in urban areas surrounded by symptoms of poverty, including crowded and inadequate housing, poor schools, high crime and unemployment rates, high incidence of teen pregnancy and many female-headed households. They can be a very spiritual culture.

### Health Beliefs and Practices

- African-Americans view health care as a family responsibility.
- There may be an initial distrust of white health care providers.
- Usually open and accepting of new health information.
- There may be a possible delay of acceptance for mental health and other therapies.

### Family Planning

- The belief in using a birth control method varies on one's religious beliefs.
- It is also important to note that about 1/3 of African Americans believe that birth control was designed as a form of genocide and/or population control.

### Communication Style

- They tend to be verbal and speak their mind. When addressing African-Americans, it is important to give a full, proper name, placing Mr., Mrs., or Ms. before their given and last name.

### Non-Verbal

- Silence may indicate a lack of trust.
- Some prefer to keep an arms-length distance between themselves and others.

### Language

- English

## **Religious/Spiritual Beliefs**

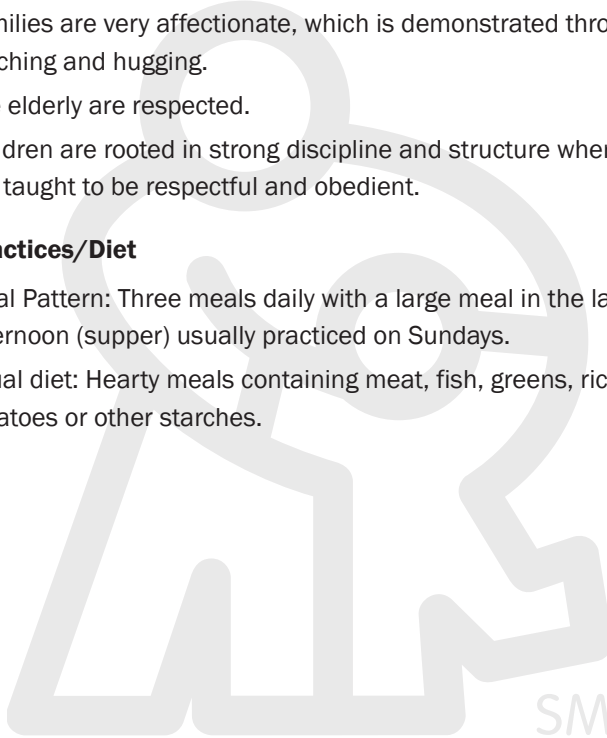
- Protestant (*i.e.* Baptist, Christian Methodist Episcopal) with a mixture of ancestral belief systems.
- Islamic
- Church and prayer are important to African-Americans.

## **Family structure**

- The extended family plays an important role in the African-American's social and economic network.
- Families are very affectionate, which is demonstrated through touching and hugging.
- The elderly are respected.
- Children are rooted in strong discipline and structure where they are taught to be respectful and obedient.

## **Food Practices/Diet**

- Meal Pattern: Three meals daily with a large meal in the late afternoon (supper) usually practiced on Sundays.
- Usual diet: Hearty meals containing meat, fish, greens, rice/potatoes or other starches.



## Arab

Arab Americans consist of individuals from a variety of countries including: Algeria, Bahrain, the Comoros Islands, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, United Arab Emirates and Yemen. When working with Arab Americans it is best to ask the country of origin. Although many Arab Americans have similar beliefs and values, it is best to ask about specific family beliefs.

### Health Beliefs and Practices

- Many Arabs believe in the “Evil Eye” and may react in fear if you compliment them or their children.
- When a person is ill it is common for large numbers of friends and family members to visit.
- When dealing with patients that are terminally ill, talking about feelings around death and dying should be avoided because some believe that talking about death brings it about.
- Organ donations are usually not considered due to the Muslim belief that a person does not own their body.

### Family Planning

- Birth control is only permitted among married couples.
- Most marriages are planned.
- Dating is not allowed.

### Communication Style

- In general, Arabs tend to be expressive and warm and might have a flat affect to protect others from accessing their inner feelings. When greeting an Arab use title and first name.

### Non-Verbal

- More traditional women may be reserved and avoid eye contact.
- Arabs are comfortable touching within gender but not between genders.
- Direct eye contact even if avoided by the patient can be helpful.

## Language

- Arabic with variations in dialects
- Many professionals speak English.

## Religious/Spiritual Beliefs

- Early immigrants tended to be Christian or Greek Orthodox.
- However, recent immigrants are mostly Sunni Muslims.

## Family Structure

- Families often consist of nuclear and extended members.
- Family members tend to make decisions collectively with the father, eldest son or elderly uncle as a spokesperson.
- Children are considered sacred. Families will sacrifice a great deal to raise well-educated children.
- Parents tend to be more strict with girls than boys and require all children to have respect for adults.

## Food Practices/Diet

- Meal Pattern: Often families eat breakfast lunch and dinner together. Also, Arabs staying in the hospital may have food brought to them because American food is often considered too bland.
- Usual Diet: Most food includes fresh vegetables and fruit. Bread is a major staple in the Arab diet. Alcohol and pork are prohibited for many Arabs. Meat that is not properly slaughtered is prohibited according to Islamic law.

## Asian Indian

The Asian Indian community is ethnically diverse with subgroups tracing their roots to different regions or states within India. Each subgroup has its own language, foods and distinct customs. The country of India has as many as six different racial strains and at least 300 languages, but most people will also know the national language, Hindi.

### Health Beliefs and Practices

- Most Asian Indians accept the role of modern medicine and pay attention to health matters.
- Ayurvedic (ah-yoor-vay-dic) medicine has a big following. It emphasizes spiritual healing as an essential part of physical healing. It uses herbs and natural ingredients as a basis for curing illnesses.
- They are less likely to seek help for mental illness than physical illness.
- Modesty is highly valued and patients are more comfortable with same-sex-providers.

### Family Planning

- Arranged marriages are still very common.
- Men will typically go back to India to find a wife because it is easier to find a passive wife. Women will usually try to find a man in the U.S. because they have become more independent but will go to India for a husband if the family wishes.
- Sexual health is considered taboo.
- Birth control, if used, is often between husband and wife. The husband usually has the final say about contraceptive use.

### Communication Style

- No expression for ‘thank you’ exists.

### Non Verbal:

- Men may shake hands with men, but not with women.
- A slight bow is used when greeting a woman.
- Head motions for ‘yes’ and ‘no’ are opposite those in the United States.

## **Language**

- Primarily Hindi and English

## **Religious/Spiritual Beliefs**

- Hinduism
- Muslim
- Christianity

## **Family Structure**

- Families strive to preserve traditional Indian values and transmit them to children.
- Extended family members usually live together.
- Family issues, including health care, are frequently discussed within the immediate family before seeking outside help.
- Women are usually more passive and manage the home; men are the breadwinners.
- Children are raised by the whole family. Children often sleep with parents through early childhood.
- They believe children with adult responsibilities will mature quickly.
- Children are encouraged to excel, sometimes beyond their capabilities.

## **Food Practice/Diet**

- Meal Pattern: Usually eat two to three meals a day with lunch being the largest. Over eating is discouraged. Hindu and Islamic religions can greatly influence food practices.
- Usual Diet: Rice, or Indian bread (called naan) is standard at every meal. Meals are often served with at least one meat dish, and at least two vegetable or lentil dishes. Indian cuisine often revolves around aromatic spices like turmeric, curry, and cumin.
- Hindusim: Beef is forbidden.

## Bosnian

The dissolution of the Soviet Union led to the creation or re-creation of several eastern European states, including the county Bosnia and Herzegovina (you may also see it written as Bosnia - Herzegovina, or referred to as Bosnia).

When borders and populations changed, conflict arose over such things as past history, religious differences and nationalism. The Bosnian population (including Serbian and Croatian) is more mixed than other Balkan countries. Conflict in the early 1990s led to approximately 250,000 civilian casualties.

### Health Beliefs and Practices

- Bosnian health care is similar in many respects to that of the United States.
- A greater emphasis is placed on basic care, as many sophisticated tests and procedures aren't available.
- There is an awareness of health issues, but they are often not implemented in lifestyle.
- Traditional healing with teas, herbs, grasses and ointments is used. Sick people are encouraged to communicate about suffering.
- Tooth decay may be seen due to a lack of fluoride in water and pain-free dental procedures.
- There may be uncertainty about a quick release from the hospital after surgery or childbirth.

### Family Planning

- Birth control discussion is part of a regular medical visit.
- Sex education in schools and family planning counseling has yet to be implemented systematically.

### Communication Style

- There may also be a lack of trust for interpreters. Lots of questions, note-taking and filling out of forms may add to their anxiety. Some have difficulty with question formation.

## Language

- Serbo-Croatian (now referred to as Bosnian).
- Many also speak German, English or another second language.

## Religious/Spiritual Practices

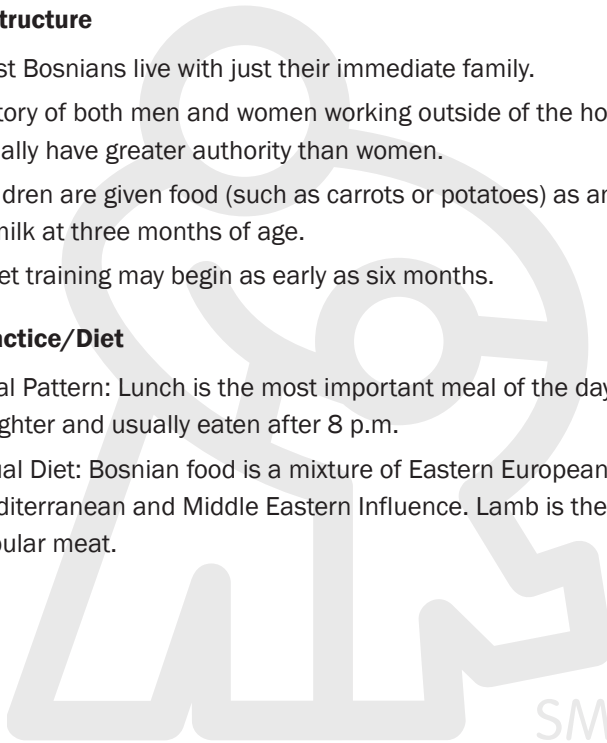
- Bosnians primarily practice Islam
- Catholicism
- Greek Orthodox

## Family Structure

- Most Bosnians live with just their immediate family.
- History of both men and women working outside of the home. Men usually have greater authority than women.
- Children are given food (such as carrots or potatoes) as an addition to milk at three months of age.
- Toilet training may begin as early as six months.

## Food Practice/Diet

- Meal Pattern: Lunch is the most important meal of the day. Dinner is lighter and usually eaten after 8 p.m.
- Usual Diet: Bosnian food is a mixture of Eastern European, Mediterranean and Middle Eastern Influence. Lamb is the most popular meat.



# Chinese

A large portion of Chinese immigration occurred in the 1800s as a result of the Gold Rush. Many of the initial Chinese immigrants were accepted warmly because most of them were wealthy merchants. Today, the Chinese comprise the largest Asian group in the United States.

## Health Beliefs and Practices

- Chinese medicine is one of the oldest types of medicine in the world.
- Traditional health care includes herbal medicine, acupuncture and moxibustion (which is similar to acupuncture, but uses heat instead of mechanical stimulus).
- The Chinese feel that illnesses are the result of imbalance between Yin and Yang (e.g., hot and cold) in the body.
- Mental illness is thought to be due to lack of harmony in emotions.
- Home remedies are often used to treat minor ailments, such as colds and skin diseases.
- Many are fearful of having blood drawn and avoid surgery due to their belief that the body needs to be kept intact.

## Family Planning

- Since China has a family planning policy that limits the amount of children a couple can have, birth control and pregnancy prevention are commonly discussed and abortions are very common.
- IUDs are more commonly used but birth control pills are becoming more readily available to Chinese women.

## Communication Style

- Asking questions may be seen as disrespectful; silence may be a sign of respect. The use of first names could be viewed as disrespectful. The Chinese may not like to be touched by strangers, so introductions elicit a nod or slight bow.

## Non Verbal:

- Eye contact is avoided with authority figures to show respect.
- Direct eye contact is used with elders.
- Keep a respectful distance.

## Language

- Cantonese and Mandarin are most commonly used.
- Many speak English well especially if they are not first generation.

## Religious/Spiritual Practices

The Chinese religious and spiritual beliefs are quite diverse. Some of the religions include:

- Buddhism
- Taoism
- Islam
- Confucianism
- Christianity

## Family Structure

- The traditional role of a woman is to be subservient to her husband.
- Two or three generations often live in the same household, with the oldest male usually making decisions.
- It is common for a lot of family members and friends to visit when someone is sick or hospitalized.
- Fathers are less involved in child-rearing than mothers and especially within the mother/son relationship.

## Food Practices/Diet

- Meal Pattern: Usually eat three meals a day with dinner being the largest. Patients may refuse certain foods due to beliefs about illness and which foods should be used to treat it.
- Usual Diet: Rice and noodles are important staples. Meat is typically not eaten in large quantities. Vegetables are frequently eaten with meat. Hot beverages, like tea, are typically consumed because it is believed that cold water shocks the system.

## Croatian

Most Croatians have come to the United States seeking economic opportunities or to escape political persecution in their homeland. Many Croatian patients will have health problems associated with refugee status. These include low immunization rates, malnutrition, high lead levels, intestinal parasites and tooth decay.

### Health Beliefs and Practices

- Food in addition to milk is given as early as 3 months (*i.e.* carrots or potatoes).
- Patients are encouraged to communicate about their illness, so that relatives can give moral and physical support.
- Patients will likely want detailed explanations of tests and procedures.
- Treatment is often not considered complete without medication. Awareness of health issues may be high, but often not implemented in lifestyle.
- Exercise is uncommon.
- Traditional healing with teas, herbs, grasses and ointments is often practiced.

### Family Planning

- Sex education and family planning issues are not discussed because these topics are considered highly taboo.
- Abortion is considered a basic form of birth control.
- Younger generations tend to have a more contemporary view on sexuality.

### Communication Style

- There may be a general distrust of doctors and interpreters.

### Language

- Croatian

### Religious/Spiritual Practices

- Majority Roman Catholic
- Some Greek Orthodox

## Family Structure

- Honor is very important.
- Children are not pampered.
- Sons are given preference over daughters.

## Food practices/Diet

- Food is highly important and a good appetite is considered healthy.
- Bread is a dietary staple.
- Relatives may bring food from home to supplement hospital food.



## Cuban

Cubans who fled to the United States during the Castro takeover left families behind and have limited contact with them. Cuban-American immigrants from this time were typically from the upper and middle class. They tend to enjoy greater economic security than other Hispanic groups.

### Health Beliefs and Practices

- Doctor recommendations are usually followed, due to the importance of doctors in Cuban culture.
- Health promotion and illness prevention is a core part of the Cuban primary care system.
- Cubans feel that overweight and rosy-cheeked people are healthy and that thin or skinny people are sickly.

### Family Planning

- Religious beliefs may play a part in values about contraceptive methods and sexuality.
- IUDs, oral contraceptives and sterilization are the most popular methods of contraception among Cubans.
- In general, individuals tend to be knowledgeable about contraceptive methods but are not consistent with usage.

### Communication Style

- Cubans are typically outgoing and direct. Commands or requests are often direct and/or forceful, which may make conversation seem hostile and aggressive.

### Non Verbal:

- Close contact and touching are acceptable signs of affection among family and friends. Direct eye contact is expected during conversation; looking away shows lack of respect or dishonesty.
- Hand gestures are often used to add emphasis or drama when talking.

## **Language**

- Spanish
- Most are bilingual (Spanish and English).

## **Religious/Spiritual Beliefs**

- Large majority are Roman Catholic
- Some Protestant
- Santaria, a blend of African and Catholic religions, is practiced by some Cubans. Spells, magic, animal sacrifices and the wearing of amulets are common to this practice.

## **Family Structure**

- Cubans are family-oriented, with extended family being important. Cubans may be quick to show anger and behavior that may be viewed as aggressive.
- Men are expected to make decisions and protect the family.
- Women usually fill a more submissive, supportive role.
- Male children are taught to be competitive, in control and to protect the family interest.
- Female children are taught to be submissive, supportive and caring.
- Crying is an undesirable behavior.
- Physical punishment is common.

## **Food Practices/Diet**

- Meal Pattern: Cubans usually eat three meals a day.
- Usual Diet: Meat is an important part of most meals. Rice and beans are common with lunch and dinner. The adult diet tends to be high in fat, cholesterol, sugar and fried foods and low in vegetables and fiber.

# Filipino

Every state in the nation has a Filipino population. Filipinos have been considered part of the Asian population, but they are very different ethnically and culturally from their Asian Counterparts.

## Health Beliefs and Practices

- Filipinos believe that good health is related to maintaining balance.
- Being overweight is not a concern, but seen as a sign of good standing and contentment.
- Exercise is not a regular part of daily living.
- Mental illness is highly stigmatized.

## Family Planning

- Many Filipinos believe that natural family planning is an effective way to prevent pregnancy.
- Oral contraceptives are the most popular form of birth control.
- Contraceptive use is less common among individuals with a lower socioeconomic status.

## Communication Style

- Filipinos are sensitive to tone and manner of the speaker. They are typically shy and affectionate and feel awkward in unfamiliar surroundings. Authority figures are respected. There is little tendency to disagree.

## Non Verbal:

- Handshakes are not commonly practiced.
- There will be little direct eye contact, especially with superiors and authority figures.

## Language

- Filipino and English

## Religious/Spiritual Beliefs

Filipinos are usually:

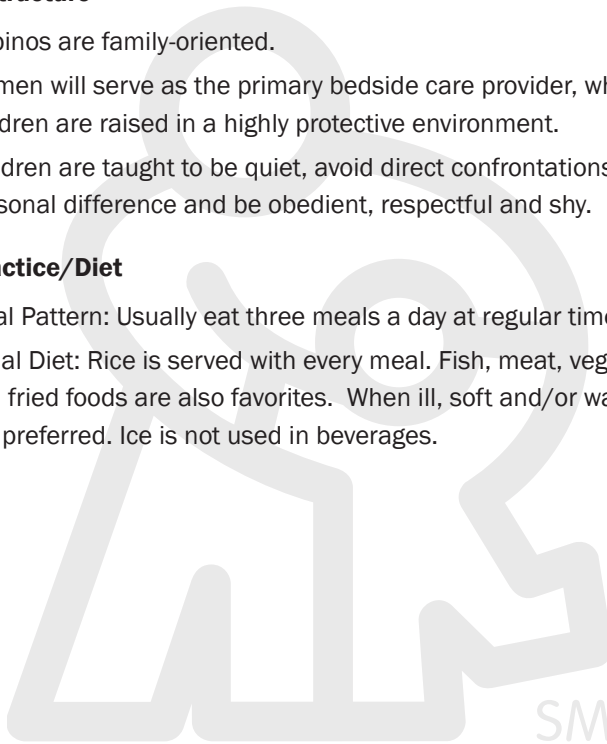
- Roman Catholic
- Islamic
- Protestant
- Religion is a central component of Filipino family and community life.

## Family Structure

- Filipinos are family-oriented.
- Women will serve as the primary bedside care provider, where children are raised in a highly protective environment.
- Children are taught to be quiet, avoid direct confrontations about personal difference and be obedient, respectful and shy.

## Food Practice/Diet

- Meal Pattern: Usually eat three meals a day at regular times.
- Usual Diet: Rice is served with every meal. Fish, meat, vegetables and fried foods are also favorites. When ill, soft and/or warm foods are preferred. Ice is not used in beverages.



## **First Nation (Native American)**

First Nation individuals can also be referred to as Native American or First People. Each nation is diverse, with its own language, traditions, values and beliefs. First Nation individuals often face problems of alienation, poverty, unemployment and extremely poor health. Many have left reservations to make a better life for themselves. However, there is an increase of educated First Nation individuals returning to reservations to give back to their community. First Nation individuals demonstrate a cooperative spirit: property is shared. They have respect for tradition and the natural world, as well as for individual rights.

### **Health Beliefs and Practices**

- Traditional medicine may be used before or in combination with Western biomedicine.
- Roots and herbs may be used for common symptoms, such as coughs and stomachaches.
- The preference for Western medicine varies with disease and individual lifestyle.
- Pain is generally undertreated.
- Complaints will usually be general.

### **Family Planning**

- Many indigenous persons have little trust for government-run family planning clinics because of the belief in forced sterilization.
- Access to contraceptive methods is limited because many indigenous persons live in poverty.
- Some rely on traditional medicine as birth control.

### **Communication Style**

- Silence is valued, so most First Nations are not verbally direct or outspoken. Long pauses are a regular part of conversation. It is important not to interrupt the speaker and to keep a respectful distance. Some First Nations encourage showing emotion, while it is discouraged by others. Anecdotes and metaphors are often used to discuss situations.

## **Non Verbal**

- Intense eye contact is considered disrespectful.
- Respect, especially toward elders, is communicated by avoiding eye contact.

## **Language**

- English, but if an interpreter is needed he or she should be a mature person of the same gender.

## **Religious/Spiritual Beliefs**

- The spiritual world is an integral part of their universe.
- Christianity
- Tribal religions which vary depending upon the tribe.

## **Family Structure**

- Respect for elders is important.
- Parent responsibility is shared
- Children and grandchildren often serve as caregivers for elders.
- Children are not encouraged to seek help outside of their family.
- Parenting styles focus on experience learning or trial and error and not through authoritarian parenting methods.

## **Food Practices/Diet**

- Meal Pattern: The number of meals varies with social and other activities, with three meals being the norm. Patients may wish to share food with visiting family and friends.
- Usual Diet: Food practices are usually similar to the standard American diet. However, some First Nations individuals may have a diet that is specific to their tribal customs.

# Haitian

Haitians have a strong belief in the culture, traditions and customs of their homeland. Many have adopted American culture while retaining their distinctive Haitian lifestyle.

## Health Beliefs and Practices

- Haitians view eating well, good personal hygiene and keeping regular hours as qualities for maintaining good health.
- Some Haitians may use folk healers.
- They tend to believe anything that creates imbalance between 'hot' and 'cold' states may cause illness or discomfort. Blood is believed to control the hot or cold state of the body, so they may have strong beliefs about the effect of blood irregularities causing dangerous illnesses.
- Prayer and good spiritual habits are important to achieving a healthy balance.

## Family Planning

- Contraceptive use is not common among Haitians.
- Believe that pregnancy is only determined by God.
- Condom use has increased due to the risk of HIV/AIDS.

## Communication Style

- The Haitian culture is oral, rather than literate. The language is rich and expressive, with a long tradition of proverbs, jokes and stories reflecting on philosophical systems. Eighty percent (or more) of Haitians cannot read or write.

## Non Verbal

- They are affectionate and polite, but shy.
- Approval is shown by nodding.
- Smiling is common but eye contact should be avoided, especially with authority figures.
- Haitians are composed and stern in formal situations and shake hands as a sign of greeting.

## **Language**

- Creole/French
- English

## **Religious/Spiritual Beliefs**

- Roman Catholic
- Protestant (Baptist, Methodist, Pentecostal)
- Haitian Vodou (or Vaudou, or Voodoo - elements of Catholicism with diverse African beliefs)

## **Family Structure**

- Haitians have tightly knit families.
- They are a matriarchal society, but men are allowed to believe they are head of household.
- Men are supposed to project strength and not display emotion. Women assume the nurturing responsibilities.
- Children are expected to be respectful and obedient and high achievers, especially in education.
- Children are treated in a strict manner and corporal punishment is commonly used; however, independence is promoted early.

## **Food Practices/Diet**

- Meal Pattern: Haitians eat their largest meal at lunch time. They are not explorers when it comes to food and may prefer fasting to eating non-Haitian food. Being plump is considered healthy.
- Usual Diet: A large part of the Haitian diet is based on starches, such as, rice, corn, yams and beans. French cuisine and dishes with meat are common among the wealthier Haitians as are dishes with meat. Fresh tropical fruit juices are also very common because of their abundance in Haiti.

# Japanese

Japanese Americans have demonstrated ability to acculturate to American culture on many levels while maintaining their sense of ethnic community and identity. Recent immigrants tend to be well-educated and settle in large metropolitan areas with significant Japanese American population.

## Health Beliefs and Practices

- Self care is not an important concept.
- Japanese believe that good health is related to taking care of oneself and is associated with being able to maintain independence and live disease-free.
- Their health care practices tend to be Magico-Religious, which is a combination of following different religious and magical practices.
- They may consult with priests to seek luck and avoid evil before important decisions or activities.
- Western beliefs in health promotion are becoming more accepted. Health procedures should be thoroughly explained.
- May have difficulty providing information related to a screening if issues are sensitive, but will disclose information out of respect for health care professionals.

## Family Planning

- Birth control pills were illegal in Japan up until 1999.
- Birth control pills are highly stigmatized among Japanese immigrants and may be an uncomfortable topic for many women.
- Male condoms and natural planning methods are more commonly used.

## Communication Style

- Japanese individuals appear reserved and formal in new situations, usually speaking softly. They may not ask questions about treatment or care. It is best to ask questions that require more than a yes or no answer. Self-disclosure will only occur if trust is established.

## **Non Verbal**

- They are very controlled and touching is uncommon.
- There will be little eye contact, especially with superiors.
- Nodding does not necessarily mean agreement or understanding.
- A smile and slight bow may be used for acknowledgement.
- Handshake is acceptable.

## **Language**

- Japanese

## **Religious/Spiritual Practices**

- Buddhist
- Shinto
- Christianity
- Japanese are dependent on religious beliefs.

## **Family Structure**

- Japanese are family-oriented.
- There is an emphasis on family and home as opposed to the individual.
- The father is usually the head of household.
- Women were traditionally considered subordinate in traditional families and are passive and domesticated.
- There is respect for age and authority.
- Children are taught to be polite, quiet, shy, humble and submissive to elders.
- Boys may be socialized to be assertive and successful in their achievements, whereas girls are taught to enjoy life and suppress ideas.

## **Food Practices/Diet**

- Meal Pattern: Japanese eat three meals a day.
- Usual Diet: Rice is served with most meals, especially dinner. Their diet is low in fat, animal protein, cholesterol and sugar and high in salt content.
- Many are lactose-intolerant.
- They often use chopsticks for eating.

# Korean

The Korean culture is maintained within communities through church organizations, Korean schools and Korean culture-camps. Korean Americans hold a prominent position in the field of medical science. However, new immigrants and the elderly often don't have access to medical care because of language barriers.

## Health Beliefs and Practices

- Many Koreans were raised to view illness as result of bad luck or misfortune, so being healthy is seen as having harmony or balance between soul and physical being.
- Korean men may be stoic about pain, but it is also not unusual for them to be dramatic about illness.
- Pain medication is not frequently used.
- A bedpan may be preferred to toilet.
- Doctors are well-respected in the Korean community.

## Family Planning

- Contraceptive use is very common among married persons.
- Among Koreans, Tubal ligation is the most popular form of birth control, followed by condoms and vasectomy. Oral contraceptives and IUDs are not highly regarded.
- Premarital sex is strongly prohibited. There is an intense denial that sex occurs among adolescents.

## Communication Style

- Koreans often give 'yes' answers, regardless of the truth, as 'no' might upset the other person.

## Non Verbal

- Touching, except during examinations, is considered disrespectful.
- It is considered rude to direct the sole of your foot or shoe at another person (as when crossing your legs).
- Direct eye contact is not common.

## Language

- Korean
- Many Koreans may understand more English than they speak

**Religious/Spiritual Practices**

- Shamanism (worship of nature)
- Buddhism
- Christianity (Immigrants are predominately Christian)

**Family Structure**

- The family is important to Koreans. Self-esteem is gained through family identification.
- Korean life goals are focused on fulfilling family roles and obligations.
- Cohesion, interdependence, relations in order of hierarchy and harmony are considered important factors in a successful family.
- Women serve as the caretakers.
- Father-son relationships are more highly regarded than husband-wife relationships.
- Children are reared to be obedient and orderly, especially outside the home.

**Food Practices/Diet**

- Meal Pattern: Koreans may or may not eat three meals a day. They will snack, usually on fruit. Dinner serves as the main meal, eating until their hunger is satisfied.
- Usual Diet: They usually use chopsticks and big soup spoons. Cold fluids are not usually welcome. Their diet tends to be high in fiber, spicy, and consist of healthy foods (rice, vegetables, fruits, lean meats, bean curd, etc.). Their diet may also be high in sodium. Many are lactose intolerant. Food and drink must be offered repeatedly before it will be accepted.

## Mexican

Many Mexicans are migrant workers that relocated to join their families or seek employment. Diversity within this population makes it difficult to generalize. There is great respect for life, the wisdom of elders, family structure, hard work, bodily integrity and healthy living.

### Health Beliefs and Practices

- Mexicans often under-utilize medical services because of:
  - Inadequate language skills
  - Lack of transportation
  - Inability to pay for services or
  - Fear of deportation.
- Illness is seen as a social crisis and an experience of the entire group.
- Mexicans focus on curative, rather than preventive care, so they do not often subscribe to health maintenance and illness prevention strategies (health screenings, check-ups).

### Family Planning

- Religious beliefs do not seem to affect contraceptive use. For instance, only 22.% of females and 15% of males believe that God should decide the number of children a person should have.
- 64% of males and 58% of females use some form of contraceptive method.
- Condoms are more commonly used at a rate of 38% of the population, followed by oral contraceptives at 23%.

### Communication Style

- Silence sometimes indicates a lack of agreement. Adult interpreters should be used rather than bilingual children.

### Non Verbal

- Not maintaining direct eye contact with authority figures (such as health care providers) is considered rude and inappropriate. However, for some this is considered a sign of respect.
- Touch by strangers is generally unappreciated.
- Handshaking is welcome.

## Language

- Spanish
- Many school-age children are bilingual (Spanish and English).

## Religious/Spiritual Practices

- Catholic
- Protestant, with varying forms of Pentecostal

## Family Structure

- Mexican families have a strong sense of loyalty, reciprocity and solidarity among them.
- There is belief that individual actions affect the reputation of the family.
- Male family members should be consulted before health care decisions are made; however, mothers are the ultimate authority in health care decisions.
- Women are respected for their cultural wisdom and life experiences.
- Mothers, while publicly deferential to husbands and elders, have great influence over children throughout their lifespan.
- Children are raised in a protective environment and are expected to be obedient and respectful.
- Children are often under-immunized.

## Food Practices/Diet

- One-third of all Mexican-Americans are obese, which may result from poor eating habits or inadequate diet.
- Meal Pattern: Three meals a day, with lunch and dinner being bigger than breakfast. Traditionally, Mexicans prefer to eat their meals together.
- Usual Diet: Traditionally, Mexicans use fresh, natural ingredients and processed foods are discouraged. Often, many individuals are lactose intolerant.

## **Puerto Rican**

Urban Puerto Rican societies often suffer from crime, drug use, poor educational opportunities, unemployment and the breakdown of a traditionally strong family structure. There is increased incidence of poverty-related health problems, such as alcoholism and drug dependency.

### **Health Beliefs and Practices**

- Good health is viewed as an absence of mental, spiritual or physical discomforts.
- Illness might be viewed as hereditary or a result of punishment, sin or lack of personal attention to health.
- Patients often assume a passive role.
- Not being too thin and being clean are perceived as being healthy.

### **Family Planning**

- Contraceptives are thought to be the main responsibility of women.
- New immigrants have a good understanding of birth control, but little on how to prevent HIV and sexually transmitted infections.
- Religion seems to have no barrier on contraceptive use.

### **Communication Style**

- Most Puerto Ricans are loving and affectionate, driven by a strong emphasis on meaningful interpersonal relationships. They often offer gifts as an expression of thanks. When this happens, it is considered insulting to refuse. Providers should be sensitive to the language barrier when giving information and instructions.

### **Non Verbal:**

- Eye contact may be avoided as a sign of respect.

### **Language**

- Spanish
- English

## **Religious/Spiritual Practices**

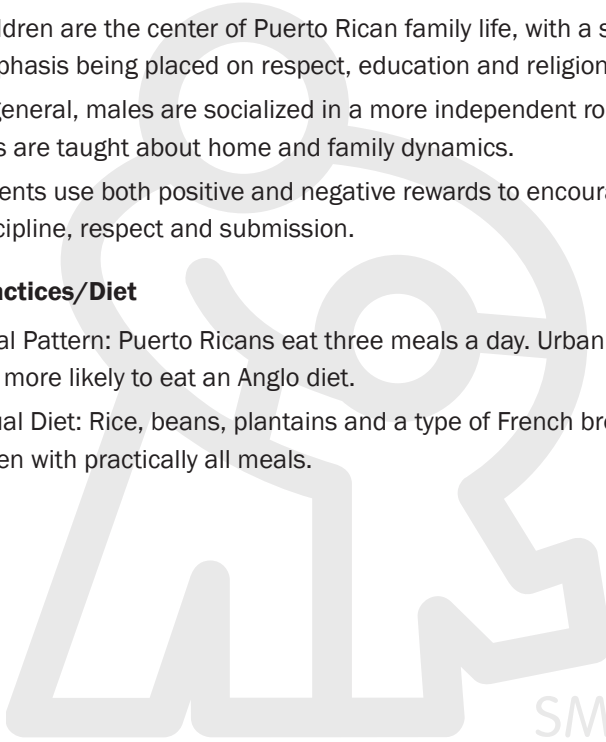
- Roman Catholic (majority)
- Protestant

## **Family Structure**

- All activities and decisions as well as social and cultural standards are conceived around the family.
- Adults and the elderly are sought to give consent in decision-making as a sign of respect and as a search for wisdom.
- Children are the center of Puerto Rican family life, with a strong emphasis being placed on respect, education and religion.
- In general, males are socialized in a more independent role, while girls are taught about home and family dynamics.
- Parents use both positive and negative rewards to encourage discipline, respect and submission.

## **Food Practices/Diet**

- Meal Pattern: Puerto Ricans eat three meals a day. Urban dwellers are more likely to eat an Anglo diet.
- Usual Diet: Rice, beans, plantains and a type of French bread are eaten with practically all meals.



# Russian

For the most part, Russian immigrants and their descendants have succeeded in assimilating into mainstream American life. Many are gainfully employed and have health insurance.

## Health Beliefs and Practices

- Russians believe illness is caused by poor nutrition, not dressing warmly, family history, stress and/or a pregnant mother not taking care of herself or ingesting too much medication.
- Russians will treat themselves first before seeking medical attention and believe that excessive drug use can be harmful.
- Some Orthodox Russians believe that if a person is not getting better it is because the person did not have enough faith.

## Family Planning

- Russian culture views abortion as a form of birth control because of lack of access to contraceptive methods in Russia.
- It is a common belief that birth control pills are dangerous.
- Topics of sexuality were pushed under the rug by the government but many people may have a more liberal view in regards to their sexuality.

## Non-verbal Communication Style

- Direct eye-to-eye contact is used.
- Touch is used freely with friends and family.
- Nodding is used as a gesture of approval.

## Language

- Russian
- English

## Religious/Spiritual Practices

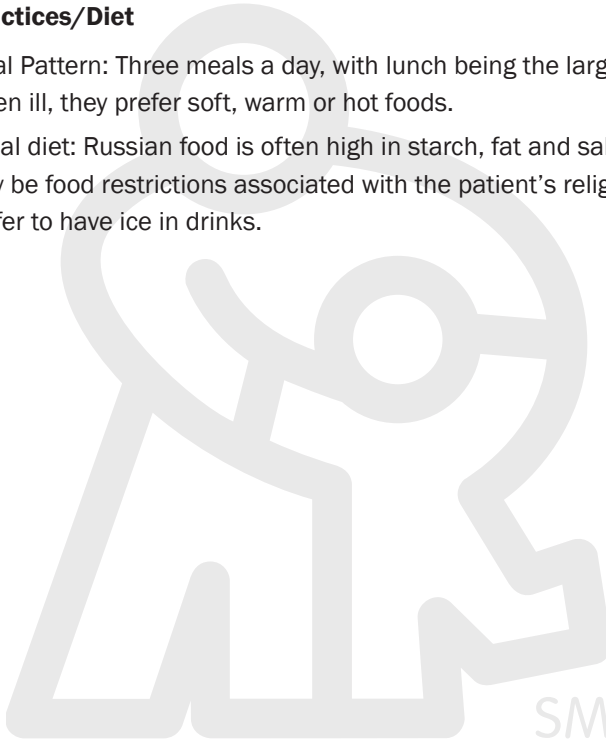
- Orthodox
- Protestant
- Catholic
- Jewish

## Family Structure

- Russian families are often extended with strong family bonds and great respect for elders.
- The father usually assumes the dominant role.
- Children are taught to be obedient, respectful to elders, study hard and obtain higher education.
- Children are also encouraged to focus on their mother and be dependent on their parents.

## Food Practices/Diet

- Meal Pattern: Three meals a day, with lunch being the largest. When ill, they prefer soft, warm or hot foods.
- Usual diet: Russian food is often high in starch, fat and salt. There may be food restrictions associated with the patient's religion. They prefer to have ice in drinks.



# Samoa

Samoa is one of the world's least developed nations, according to the United Nations. Samoan people are conservative and take pride in maintaining the Samoan way of life.

## Health Beliefs and Practices

- Physical illness may, at times, be attributed to past misdeeds or conduct.
- The concept of health is attuned not only to obvious physical ailments, but also to relationships with others, the environment and the spiritual world.
- Preventive health is not a well-established concept in Samoa.
- Prayer is an important element of the healing process.

## Family Planning

- Contraceptive use is relatively common among Samoans.
- Depo-Provera is the most common contraceptive, followed by the rhythm method, oral contraceptives and IUD.
- Condom use is rare if not non-existent.

## Communication Style

- Samoans stress politeness and deference to those in perceived positions of authority, which takes the form of silence, agreement or attempted compliance (whether or not the request or orders were fully understood).
- Check constantly for understanding, especially if seeking informed consent.
- First name greetings are preferred. A handshake is the customary greeting.

## Non Verbal:

- Physical space is important (especially the area in front of a person) and touching is seen as a sign of sincerity or intimacy.

## Language

- Samoan
- English

## **Religion/Spiritual Practices**

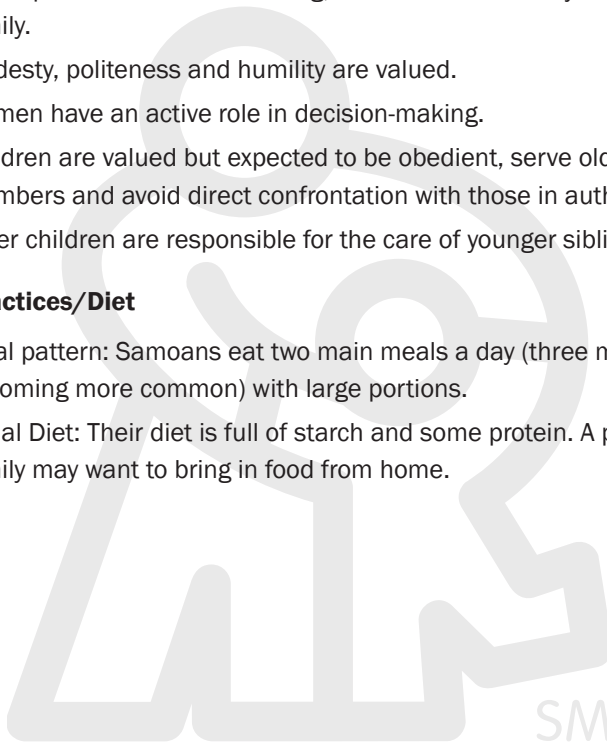
- Christianity, with the most common denominations being Congregational, Methodist, Catholic, Latter Day Saints, Seventh Day Adventist and Assembly of God.

## **Family Structure**

- Large, extended families are common.
- The family is the basis of the community.
- It is important to be hardworking, self-sufficient and loyal to the family.
- Modesty, politeness and humility are valued.
- Women have an active role in decision-making.
- Children are valued but expected to be obedient, serve older family members and avoid direct confrontation with those in authority.
- Older children are responsible for the care of younger siblings.

## **Food Practices/Diet**

- Meal pattern: Samoans eat two main meals a day (three meals are becoming more common) with large portions.
- Usual Diet: Their diet is full of starch and some protein. A patient's family may want to bring in food from home.



## Somalian

The societal structure of Somalia is membership in patrilineal clans (descent through male lines). There are a few main clans and multiple sub-clans. Much of the strife in Somalia centers on clan-disputes. Birthdays are not celebrated, so many may not know the exact date of their birth. Many Somalian patients will have health problems associated with refugee status. These include low immunization rate, malnutrition, high lead level, intestinal parasites and tooth decay.

### Health Beliefs and Practices

- The use of traditional healers is widespread in Somalia.
- Self-medication, herbal medicines, religious acts and dances are traditional therapeutic procedures.
- Many Somalis believe in the “Evil Eye” and may react in fear if you compliment them or their children.
- Nurses, doctors and hospitals are not associated with preventive care.
- Health promotion practices, such as routine prenatal care and well-child care, are unfamiliar.
- Females may be circumcised.

### Family Planning:

- Contraceptives are use for one of two reasons, one due to the family’s economic situation and the other because of the wife’s health condition.
- Condoms are seldom used.
- Beliefs about contraceptives vary depending on how one interprets the Quran.
- Natural birth control methods, like breastfeeding and the rhythm method, are preferred.

### Communication Style

- Females will be more comfortable communicating with female nurses and doctors.

### **Non Verbal:**

- The handshake is a common greeting.
- Direct eye contact will be avoided.
- Using a finger to summon a Somali patient or family member is considered impolite. Using all four fingers or your whole hand is more polite.

### **Languages**

- Somali
- Arabic

### **Religious/Spiritual Practices**

- In general, Somalis are Sunni Muslims

### **Family Structure**

- Elders are respected and families are typically large with seven or eight children as the ideal.
- Females will consult with a male spouse or relative before any healthcare decision is made.

### **Food Practices/Diet**

- Meal Pattern: Meals are meat driven and are often spiced with turmeric, curry, cumin, or coriander. Family meals are the norm.
- Usual Diet: Diet is usually rich in green vegetables, corn and beans. Southern Somalis will be more familiar with western cuisine, while Northern Somalis have a diet heavier in milk and meat. Black and brown teas are very popular among Somalis and drinking 4-6 cups of sweet tea a day is very common.

## Sudanese

Sudan is among the poorest countries and its citizens are among the least literate in the world. The largest numbers of Sudanese refugees in the United States are from Southern Sudan and are the various minority ethnic groups that fled religious and political persecution, warfare and starvation. Many Sudanese patients will have health problems associated with refugee status. These include low immunization rate, malnutrition, high lead levels, intestinal parasites and tooth decay.

### Health Beliefs and Practices

- Culture dictates (especially among Muslims) that women be seen by a female provider.
- Health is very important to the Sudanese but people usually do not seek-out preventative care.
- Mild illnesses are usually treated by over-the-counter medicines or herbal treatments.

### Family Planning

- Sexual issues are not talked about openly. Women do not have a problem discussing their reproductive health with providers.
- Traditionally, girls get married at an early age.
- Sex before marriage is strictly prohibited.
- Polygamy is legal in Sudan and part of the Islamic Sharia law.

### Communication Style

- People are very informal. Individuals are greeted by first name, with the exception of teachers, elders and religious leaders. “Please” and “thank you” are often used and appreciated.

### Non verbal

- Shaking hands is very important when greeting or saying goodbye to someone.
- Eye contact is very important. By making eye contact, you are saying that you care.
- Showing the sole of your foot to someone is a sign of disrespect.

## **Languages**

- More than 400 different languages and dialects are spoken among the Sudanese people.
- Arabic is the most common language used and the official language of Sudan.

## **Religious/Spiritual Practices**

- Islam, primarily in the north of Sudan.
- Christianity primarily in southern Sudan.

## **Family Structure**

- Sudanese have a relaxed view of time and lateness is related to social status, where important people are expected to be late.
- Family relationships are highly valued.
- Traditionally, the father is the head of the household and will consult other males when making financial decisions.
- Women are responsible for maintaining the home and taking care of the children. They provide much of the social support within the community.
- When family conflicts arise, the nuclear family attempts to resolve the problem. If that resolution fails then a mediator(s) from the extended family gets involved.
- Everyone in the community, not just family members, are responsible for disciplining children.

## **Food Practices/Diet**

- Meal Pattern: Three meals a day is typical if there is access to food.
- Usual Diet: Meat, such as lamb, beef, chicken and fish are part of the Sudanese diet and usually served with vegetables and pita bread. Tea is very important especially in the morning and served with milk.

## Vietnamese

Nearly one-quarter of all Vietnamese live below the poverty level. Maintaining traditions is a major concern, especially with older generations. The Vietnamese are a quiet culture and tend to remain as third parties in discussions pertaining to problems, as they do not wish to offend anyone. Many mannerisms—such as pointing or using the index finger to beckon someone—are viewed as insulting. Modesty is highly valued and older children and adults will be uncomfortable with the removal of clothing.

### Health Beliefs and Practices

- Because medical care is provided by the government in Vietnam, many immigrants haven't had to deal with health insurance.
- There may be a lack of trust in American medicine.
- The Vietnamese believe blood is sacred and may be frightened by the taking of blood samples.
- They may be stoic about pain.
- Being overweight is not a great concern, but a positive sign of good socioeconomic status and contentment.

### Family Planning

- Recent immigrants are likely familiar with contraceptive methods because of the government's two child policy.
- Traditional beliefs may label oral contraceptives as "hot" medicine that causes harm.

### Communication Style

#### Non Verbal

- Vietnamese show respect by avoiding eye contact with those of higher status.
- A slightly bowed head portrays respect.
- They keep a distant personal space and are soft-spoken.

**Languages**

- Vietnamese
- French
- Chinese
- Limited English among some

**Religious Beliefs/Practices**

- Buddhism
- Catholicism

**Family Structure**

- Tradition states that women are submissive to their husband and men are the primary providers, however, many Vietnamese women are entrepreneurs and teach their daughters to have their own money and not depend on men.
- The wife/mother is the backbone of the family.
- Extramarital affairs are common among men and women with little to no societal shame associated with such behaviors.

**Food Practices/Diet**

- Meal Pattern: Food dishes are usually served all at once with three meals being typical. Breakfast usually consists of a dish call Pho-Bo which is a beef-noodle soup. Desert is not common but may be served during celebratory occasions. With increased Buddhism among Vietnamese, the prevalence of vegetarian dishes has become quite common.
- Usual Diet: Plain rice and noodles made out of rice are staples in the Vietnamese diet. Steamed rice is usually served with every meal. Fish is also very central to the Vietnamese diet; however, pork, beef and chicken are common but served in smaller quantities.

## **Western European American**

Caucasians make up the largest ethnic grouping in the contiguous 48 states. They are typically thought of as those who immigrated from the later part of the 19th to the early 20th century, with the majority coming from the European continent. Caucasians are represented across a wide gamut of income levels.

### **Health Beliefs and Practices**

- Caucasians have helped shape the health care system we have today. Health insurance coverage is viewed as an employee benefit with the option of including family members at a higher cost.
- Caucasians have high expectation that their provider will cure their illness. They often see the relationship to their doctor as linear and not requiring a personal commitment to make lifestyle changes to improve wellness. Smoking, drinking and obesity patterns point in this direction.

### **Family Planning**

- The use of contraceptives will vary widely among this group depending on one's religious and or cultural values. However, a good majority of this population has used some form of contraceptive method.

### **Communication Style**

- Because Caucasians represent such a varied group of citizens, it is best to ask how the patient wants to receive care. Informality is the norm.

### **Language**

- English

### **Religious/Spiritual Practices**

- Christianity
- Judaism
- Scientology
- Islam
- New World Religions

## Food Practice/Diet

- Meal Pattern: Three meals a day is typical, however, many skip breakfast. Caucasians are the creators of the “fast food” culture. This has led to the obesity epidemic. Meals are often not family events.
- Usual Diet: The types of food varies from person to person. Many individuals eat out or consume processed foods. Diet foods and pills are a fast growing market.



# References

- Ahmad, N. (2004). Arab American Culture and health. Retrieved from <http://www.cwru.edu/med/epidbio/mphp439/Arab-Americans.htm>
- Alagiakrishnan, Kannayiram, MD and Anita Chopra, MD, FACP. Health and Health Care of Asian Indian American Elders. Retrieved from [www.stanford.edu/group/ethnoger/asianindian.html](http://www.stanford.edu/group/ethnoger/asianindian.html)
- Bogart, L., Thorburn, S. (2006). Relationship of African Americans' sociodemographic characteristics to belief in conspiracies about HIV/AIDS and birth control. *Journal of the national medical association* 98(7). Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2569474/?page=2>
- Bhungalia, S., Kelly, T., Van De Keift, S., Young, M. Indians. Retrieved from [http://bearspace.baylor.edu/Charles\\_Kemp/www/indian\\_health.htm](http://bearspace.baylor.edu/Charles_Kemp/www/indian_health.htm)
- Bhungalia, S., Kelly, T., Van De Keift, S., & Young, M. (2002). Indian Health Care Beliefs and Practices. Retrieved from [www.3baylor.edu/~Charles\\_Kemp/indian\\_health.htm](http://www.3baylor.edu/~Charles_Kemp/indian_health.htm)
- Communicating with Sudanese. Retrieved from <http://cwr.utoronto.ca/cultural/english/sudan/commun.html>
- Cultural Diversity: A Guide for Health Professionals. Retrieved from [www.health.qld.gov.au/hssb/cultdiv/cultdiv/home.htm](http://www.health.qld.gov.au/hssb/cultdiv/cultdiv/home.htm)
- Degni, F., Mazengo, C., Vaskilampi, T., & Essen, B. (2008). Religious beliefs prevailing among Somali men living in Finland regarding the use of the condom by men and that of other forms of contraception by women. *The European Journal of Contraception and Reproductive Health Care*. 13(3) p.298-303.
- Fisher, J., Bowman, M., & Thomas, T. (2002). Issues for South Asian Indian Patients Surrounding, Sexuality, Fertility, and Childbirth in the US Health Care System.
- Francouer, R., Noonan, R. (2004). *International Encyclopedia of Sexuality*. Retrieved from <http://www.kinseyinstitute.org/ccies/index.php>
- Geissler, E. (1998). *Mosby's Pocket Guide to Cultural Assessment*. St. Louis: Mosby, Inc.
- Good, M., & Good, P. (1995). *20 Most asked questions about the Amish and Mennonites*. Intercourse, PA: Good Books.
- Hays, J. (2009). Birth Control in Japan. Retrieved from <http://factsanddetails.com/japan.php?itemid=599&catid=18>
- Johansen, B. (1998). Sterilization of Native American Women. Retrieved from <http://www.ratical.org/ratville/sterilize.html>
- Kemp, C., ed. *Bosnian Refugees*. Retrieved from [www.baylor.edu/~Charles\\_Kemp/bosnian\\_refugees.htm](http://www.baylor.edu/~Charles_Kemp/bosnian_refugees.htm)
- Leininger, M., McFarland, M. (2002). *Transcultural Nursing. Concepts, theories, research and practice*. United States, McGraw-Hill.
- Lewis, T. (2002). Somali Cultural Profile. Retrieved from [http://ethnomed.org/ethnomed/cultures/somali/somali\\_cp.html](http://ethnomed.org/ethnomed/cultures/somali/somali_cp.html)
- Lipson, J., Dibble, S., Minarik, P. (ed.) *Culture and Nursing Care: A pocket guide*. The Regents University of California, 2003.

Rasbridge, L. (2002). Refugees from Somalia. Retrieved from [www.baylor.edu/~Charles\\_Kemp/somalie\\_refugees.htm](http://www.baylor.edu/~Charles_Kemp/somalie_refugees.htm).

Rasbridge, L. (2002). Sudanese Refugees in the U.S.. Retrieved from [www.baylor.edu/~Charles\\_Kemp/ssudanese\\_refugees.htm](http://www.baylor.edu/~Charles_Kemp/ssudanese_refugees.htm).

Refugee counsel, Penny Mclean. (2005). A guide to Sudanese cultural and social norms.

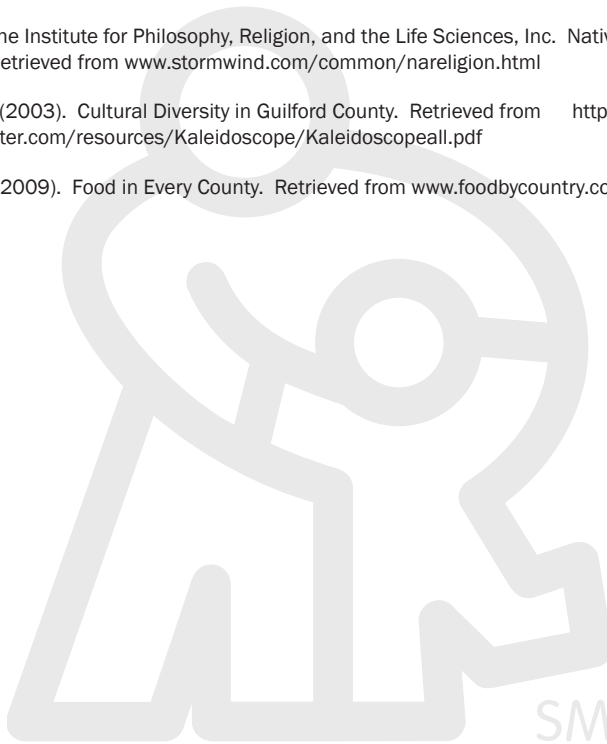
Shin, K., Shin, C., Lanoie-Blanchette, P. HEALTH AND HEALTH CARE OF KOREAN-AMERICAN ELDERS. Retrieved from <http://www.stanford.edu/group/ethnoger/korean.html>

Stanford News Service (1994). Modernization of Japanese birth control policies advocated. Retrieved from <http://news.stanford.edu/pr/94/940818Arc4157.html>

Tapestry: The Institute for Philosophy, Religion, and the Life Sciences, Inc. Native American Religion. Retrieved from [www.stormwind.com/common/nareligion.html](http://www.stormwind.com/common/nareligion.html)

Unknown. (2003). Cultural Diversity in Guilford County. Retrieved from <http://www.guilfordcenter.com/resources/Kaleidoscope/Kaleidoscopeall.pdf>

Unknown. (2009). Food in Every County. Retrieved from [www.foodbycountry.com](http://www.foodbycountry.com)





updated May 2010