Chapter 2

Overview and Specific Details of Various Racial, Cultural, and Ethnic Groups

LEARNING OBJECTIVES

After reading this chapter you should be able to

- Understand the role the Office of Management and Budget in terms of racial and ethnic groups in the United States.
- List the major racial groups in the United States.
- Explain the fact that Hispanic is an ethnic, not a racial designation in the United States.
- Discuss specific details regarding African Americans/Blacks, Asians/Pacific Islanders, Native Americans and Alaska Natives, Whites, and the Hispanic population.

KEY TERMS

African American
Asian American/Pacific Islander
Hispanic
Latino
Native American/Alaskan Native
Office of Management and Budget
White

INTRODUCTION

According to the US Department of Health and Human Services Office of Minority Health (2008), the **Office of Management and Budget** (OMB) Standards for Race and Ethnicity were established as follows:

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> Development of these data standards stemmed in large measure from new responsibilities to enforce civil rights laws. Data was needed to monitor equal access in housing, education, employment, and other areas, for populations that historically had experienced discrimination and differential treatment because of their race or ethnicity. The categories represent a social-political construct designed for collecting data on the race and ethnicity of broad population groups in this country, and are not anthropologically or scientifically based.

Hence, in terms of the rationale for the use of certain categories in determining race and ethnicity in the United States, the OMB is the entity at the forefront of this matter. It is important for health professionals to understand these categories and learn as much about the cultural specifics of these groups as possible. There may be some disagreement with the categories, but, nevertheless, they are in place. Understanding the categories enables the provision of optimal care to patients based on an understanding of who they are and what they value, and provides them with care based on appreciation and understanding of their culture.

In this chapter we explore these categories by considering details regarding the four racial groups identified by OMB (Table 2-1): African

Table 2-1 Office of Management and Budget's Racial and Ethnic Categories/Standards

Category	Description
Race	
Native American or **Alaskan Native**	A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliations or community recognition.
Asian/Pacific Islander	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
African American/ Black	A person having origins in any of the black racial groups of Africa.
White	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
Ethnicity	
Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Source: Data from *Standards for the classification of federal data on race and ethnicity*. Office of Management and Budget (OMB), August 1995.

American/Black, Asian/Pacific Islander, Native American or Alaska Native, and White. Additionally, the OMB-designated ethnic group, Hispanic, is also explored.

RACIAL GROUPS

African American/Black

The history of African American/Black people in the United States is one that begins, for the most part, with the unfortunate aspect that entailed chattel slavery. Many Africans (primarily from the West Coast) were brought to the new world to serve as slaves on plantations owned by Europeans who had established colonies. African American people, also referred to as Black people, per the OMB classification, currently comprise the largest racial minority group in the United States and the second largest minority group. The latter categorization, second largest minority group, is confounded by the fact that the Hispanic population, now designated the largest minority group, is not a racial but an ethnic group. Black people are also part of this category as a person may be White Hispanic or Black Hispanic, as an example. Therefore, if all Black Hispanic people were placed under the category of African American/Black, perhaps the African American group would in fact be the largest minority group.

Nevertheless, given the significant numbers of African American/Black people in the United States, health professionals need information regarding this group to provide optimal healthcare services. The greatest concentration of Africa American/Black people can be found in Louisiana, Mississippi, Alabama, Georgia, South Carolina, and Maryland (Office of Minority Health and Health Disparities, 2009). However, because there are large numbers of African Americans/Blacks throughout the United States, although less concentrated in some areas than others, the likelihood of health professionals serving this group is high, particularly in the aforementioned states, in great numbers, and in cities beyond those listed above, albeit in smaller numbers. Therefore, it is imperative that health professionals have knowledge and insight regarding the specific cultural aspects of this group.

According to the OMB, African American/Black people are any persons having origins in any of the Black racial groups of Africa. Hence, this category assumes that African Americans/Blacks are direct descendants of Africans. Although this may seem like an obvious fact, it is not necessarily clear to Black people in America or to groups of other races whom they may encounter. For example, when teaching an undergraduate-level course entitled "Culture, Race and Diversity," I ask students, per an exercise, "How

many students in this class, by show of hands, have ancestral origins in any of the Black racial groups of Africa?" Often, many of the Black students will not raise their hands. When queried about this, their responses indicate they believe their ancestral origins are in one of the Caribbean islands or North or South America. They indicate they do not have origins, in terms of ancestors, in Africa and they are in fact in no way of African descent. It leads to very interesting dialogue and sometimes they are enlightened, as college students, to learn that their ancestral origins are African, even though these students may have been born in the Caribbean or the United States. Generally, it is a matter of them not knowing the history of the most likely events that led to their ancestors ultimately being born in the Americas or the Caribbean, namely slavery. This is compelling in trying to learn how to serve Black people in America optimally, in terms of health care, as it is important to determine their worldview.

For the health professional, this knowledge is important because it may be offensive to refer to patients as African American when they consider themselves to be, for instance, Jamaican or Haitian. Some prefer to identify with their family-related nationality rather than the place where they reside or were born. Hence, Jamaican, Haitian, Trinidadian, and so on may be preferred identifying categories rather than African American/Black. Some individuals may find the term "Black" to be politically incorrect because "African American" is the current term used to categorize Black people. On the other hand, some may prefer the term "Black" because they believe it is a more unifying term that better connects them to other people of African descent without division around the term "African American."

In this text the terms "African American" and "Black" are used interchangeably to include all people who are of African descent (not including White people or other racial groups born on the continent of Africa). In short, it is rather complex, which is why it is important for health professionals to understand these multiple concerns so they may establish a positive rapport with their patients. The best approach is to simply ask the person how she or he identifies her- or himself in terms of race. Most people are able to provide a clear and cogent response that can then be organized in terms of OMB standards if necessary. Again, it is important to note there may be disagreement with OMB categorization and hence opposition to such, which is often the case.

Native American/Alaska Native

This group has quite an interesting history in that it is the only racial group in which its members are indigenous to the United States. In fact, when

Christopher Columbus arrived in America he thought he was in India and consequently named the people who were already there "Indians." This is clearly incorrect. Nevertheless, history records that he "discovered" America even though the Native American people were already there. Hence, although the OMB refers to this race of people as Native American and Alaska Natives, in this text they are referred to as Native Americans (Alaska Natives), as they were native to American soil before Columbus arrived.

There are two points to consider here. First, because native peoples were already on the land when Columbus arrived, America was not "discovered" by him. Second, referring to Native Americans as Indians, given the mistake that was made by Columbus, becomes a derogatory act, and many Native Americans consider it as such. This issue came to the forefront in the United States when the Ivy League Institution, Brown University, decided to change the name of the holiday Columbus Day to Fall Weekend because of their concerns that Columbus took slaves back to Spain and led the way for conquistadors to kill Native Americans (Dougherty & Reddy 2009). From a culturally competent vantage point, health professionals will benefit from understanding why referring to Native Americans as Indians may be deemed offensive and politically incorrect by some Native Americans and hence culturally incompetent.

In 1790 the federal government held its first census but did not include a category for Native Americans, because they were thought to exist outside of the nation (Cornell University Law School Legal Information Institute, 2010). Although the United States exploited Native Americans and imposed its laws on their sovereign territories, Native Americans continued to be ostracized and were defined as "domestic dependent nations" by the Marshall court in the 1831 *Cherokee Nation v. Georgia* ruling. In considering the Cherokee Nation, as an example, this ruling meant the US Supreme Court had no primary jurisdiction within the Cherokee lands, which were considered not to be a part of the United States. What has to be taken into consideration, however, is the fact that although Native American nations are considered to be sovereign, the federal government still has jurisdiction over them, to a certain degree. This is illustrated by the fact that genocidal acts have taken place against many Native American nations in the United States. As the United States continued to expand, it was deemed necessary to eradicate those who were occupying desired territory.

Consequently, Native Americans have suffered greatly, from a socioeconomic vantage point, due to the conquering of their lands, in often brutal approaches. Many, as a result, experience serious health problems. As stated

by Kosoko-Lasaki, Cook, and O'Brien (2009) in terms of "past segregationist practices, inferior housing and physical environments ... disenfranchisement, extermination of tradition, language and land rights; broken treaties; sterilization of Native women ... and other experiences of oppression" (p. 230), trust is often a necessary factor in terms of the provision of health care. Although the Indian Health Service is in place, under the auspices of the US Government, Native Americans continue to suffer from a health perspective. Their cultures, values, beliefs, and health-seeking behaviors may be different from mainstream Americans; consequently, to serve them optimally every effort must be made by health professionals to become culturally adept at meeting their healthcare needs. Table 2-2 provides the leading causes of death among Native Americans.

Additionally, Alaska Natives are a very diverse group and make up about 16% of the population of Alaska; they consist of Native Americans (Athabascans, Tlingits, Haidas, Eyaks, and Tsimshians) and Eskimos (Inupiaqs and St. Lawrence Island Yupiks and Yup'iks and Cup'iks) spread out over about 200 rural communities (Alaska Natives, 2010).

Table 2-2 Leading Causes of Death Among Native Americans in 1980 and 2004

Ranking	Cause of Death 2004	No. of Deaths	Cause of Death 1980	No. of Deaths
	All causes	13,124	All causes	6,923
1	Diseases of the heart	2,598	Diseases of the heart	1,494
2	Malignant neoplasms	2,392	Unintentional injuries	1,290
3	Unintentional injuries	1,520	Malignant neoplasms	770
4	Diabetes mellitus	746	Chronic liver disease and cirrhosis	410
5	Cerebrovascular disease	581	Cerebrovascular disease	322
7	Chronic lower respiratory diseases	486	Homicide	217
8	Suicide	404	Diabetes mellitus	210
9	Influenza and pneumonia	291	Certain conditions originating in the perinatal period	199
10	Nephritis, nephritic syndrome, and nephrosis	247	Suicide	181

Source: National Center for Health Statistics. (2006). *Health, United States, 2006. With chartbook on trends of the health of Americans*. Hyattsville, MD: Author.

Asian American and Pacific Islander

According to the OMB people from Asia are placed in this category, defined as having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This category includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa. Because Asia is vast, language is not a unifying factor for the Asian group. Consequently, both language and cultural differences distinguish one Asian group from another very specifically. Furthermore, according to Duncan and Goddard (2005), Asian people are considered the model minority group because of their tendency to assimilate into American society. They generally assimilate in terms of education, a strict work ethic, and language (Reynolds, 2006).

Additionally, because of the significant number of languages spoken by Asian people, linguistic competency becomes an issue for healthcare professionals in the process of providing the Asian population, generally speaking, with optimal care. Reeves and Bennett (2003, p. 2) stated the following:

> Ninety-five percent of all Asians and Pacific Islander people lived in metropolitan areas, a much greater proportion than of non-Hispanic Whites (78 percent). Of the two populations, Asians and Pacific Islanders were twice as likely to live in central cities located in metropolitan areas (41 percent compared with 21 percent). However, among those living in metropolitan areas but not in central cities, Asians and Pacific Islander people were only 3 percentage points below non-Hispanic Whites (54 percent and 57 percent, respectively).

The following is from the Pacific Islander Cultural Center (2010):

> Pacific Islanders are originally from Polynesia, Melanesia, and Micronesia—Fiji, Guam, Hawai`i, Commonwealth of Northern Mariana Islands, Republic of Palau, American and Western Samoa, and Tonga. Interestingly, their histories vary.

Although these may be the locations they inhabit, understanding their ancestral origins is an important factor. Although Fijians, for example, are placed under the category of Pacific Islanders, Fijian history indicates that the people of Fiji are actually from East Africa, namely Tanganyika (Tanzania) (Rashidi, 2000). Therefore, although people who inhabit the various islands of the Pacific are named as such, critical to understanding them culturally is grasping a sense of their origins and how this influences their culture. Again taking Fijians as an example, if they are in fact from Tanzania, they should be considered, per the OMB categorization, as African American/Black rather than Asian American/Pacific Islander.

White

The inception of White people in America began with exploration and then colonization of the 13 colonies of the New World. Although the British initially populated the colonies, independence was ultimately claimed and was soon followed by an influx of 450,000 immigrants representing a dozen European nationalities: Dutch, Swedes, Scotch-Irish, French, Spaniards, and so on (Hing, 2004). The history of White people in America is one that is largely based on immigration. Whites are the dominant group, in terms of numbers and power in the United States, and hence the current majority. Per the OMB, White people are identified as persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. The North African aspect of this definition is rather puzzling given that North Africa comprises Algeria, Egypt, Libya, Morocco, Sudan, Tunisia, and Western Sahara and by its very name, North Africa, is located on the continent of Africa. The only plausible explanation for labeling people of this region as White is the fact that Europeans (namely, Greeks and Romans), Asians, and Arabs migrated into these areas that were indigenously populated by Black people of Africa and became the dominant groups, leading to a variation of race that is substantial when comparing North Africa with Sub-Saharan Africa. According to (Manneh, 2010, p. 1),

> The government has treated Arabs as white since 1915, when George S. Dow, a Syrian immigrant living in Jim Crow South Carolina, went to court after being deemed racially ineligible for citizenship based on a 1790 law limiting citizenship to "free white persons." In his decision granting Dow citizenship, U.S. Circuit Court Judge Chas A. Woods ruled that the 1790 law was meant to "deny naturalization to negroes" and not peoples from the "western Asiatic side of the Caspian Sea and the Ganges." "It seems reasonable to think that Congress must have believed there were white persons natives of countries outside of Europe," he wrote. "As the consensus of opinion at the time of the enactment of the statute now in force was that they were so closely related to their neighbors on the European side of the Mediterranean that they should be classed as white, they must be held to fall within the term white persons."

In actuality, the categorization of Arabs as Whites, as established by OMB, has been largely detrimental to this group in the United States. As indicated by Manneh (2010, p. 1), the following occurred:

> White people look at us as black people and black people look at us as white people," Hanania said. "Most Arab grocers open stores in black

> neighborhoods because they're treated better, it's easier for Arabs to assimilate in African-American communities ... the black community is more sympathetic to the discrimination Arabs face."

The notion of who is White and who is not goes as far back as Ancient Egypt. Although Egypt is located in North Africa and is largely composed of Arabs today, before the arrival of Arabs the inhabitants of Egypt were Greeks, Romans, and Persians. Initially, however, during the Old , Middle, and New Kingdoms, which were the timeframes of the Pharaohs, Egyptians were largely Africans interspersed with various groups (the Hyskos from Asia, who were neither European nor Arabs, etc.) during intermediate periods (Jochannan, 1989). Arabs technically did not arrive in Egypt until 640 A.D. Hence, the OMB's definition and classification of Arab people as White lacks accuracy given they are not the original peoples of North Africa. This only confuses those who are using this definition as a guide in terms of clarifying this racial group and understanding them culturally. Therefore, perhaps a more reliable determination as to who falls into the category of White is self-identification. Bahk and Jandi (2004, pp. 58–59) stated the following:

> According to a U.S. Labor Department survey of approximately 60,000 households as to how they prefer to be identified as people not belonging to Asian American, American Indian, Black, Hispanic, or multiracial, the most favorite term chosen by 61.7% of the population was white.

Perhaps the rationale for the categorization of one's self as White is due to the privilege that accompanies such a choice as the dominant group in the United States. Specifically, White people in the United States hold long-term advantages in terms of wealth and power with better health outcomes as compared with minority groups.

ETHNIC GROUP

Hispanic/Latino

The key factor related to the term "Hispanic" is that it is an ethnic rather than racial designation. See Table 2-1 for OMB's categorization of Hispanic people. Nevertheless, Saragoza, Juarez, Valenzuela, and Gonzalez (1992, p. 45) point out the following, which is critical to understanding this term within the context of people designated as Hispanic:

> The diversity of the groups commonly covered by the term Hispanic is complicated by a number of factors including the particular aspects of the history of relations between the U.S. and Mexico, Puerto Rico,

> Cuba and the seven distinct countries that make up Central America. Immigration from these areas has been directly affected by domestic and foreign policies from the U.S. This is not to mention the individual histories and cultures of Latin America including the Portuguese speaking nation of Brazil, as well as the French and British influenced islands of the Caribbean. Furthermore, the wide range of patterns of race, ethnicity, and cultural expression in Latin America extended from the Rio Bravo (Rio Grande) to the Patagonia, defy easy generalization. More specifically, a host of terms have emerged over time to describe a variety of groups currently covered by the Hispanic classification.

Saragoza et al. (1992, p. 45) continue as follows:

> In short, no indelible physical characteristics, language or cultural norms are shared by all of the people south of the US-Mexico border that would invariably unify them under one ethnic or racial term. Hence, the term Hispanic presents several difficulties of definitions.

Additionally, race and color are problematic to the term "Hispanic" and merely serve as unclear categories of definition and identification (Saragoza et al., 1992). To that end, healthcare professionals providing services to Hispanic people should consider a number of factors, including nationality, which is an identity defined by a person's place of legal birth or by a person's associational citizenship status governed by where an individual resides and works, which may defy national boundaries and sovereignty (Borak, Fiellin, & Chemerynski, 2004). Table 2-3 provides detail regarding sociodemographic characteristics of Hispanics.

The term "**Latino**" is also significant in that it is often used interchangeably with "Hispanic." Generally, "Hispanic" refers to people from the predominantly White Iberian Peninsula (including Spain and Portugal), whereas Latinos are generally from the Americas south of the United States and the Caribbean who are descendants from the brown indigenous Native Americans who were conquered by the Spaniards in the distant past. Table 2-4 shows the percentages of racial and ethnic groups in Latin America.

CONCLUSION

The OMB has established four racial and one ethnic category that are the basis for determining the race or ethnicity of individuals in the United States. Individuals may choose more than one racial category as well as the ethnic category. For example, a person may indicate that he or she is White Hispanic or Black Hispanic with White and Black as racial categories

Table 2-3 Sociodemographic Characteristics of Hispanics

Characteristic	**Value**	
Hispanic or Latino (2006)	47.5 million	
In the 50 States	43.7 million	
Commonwealth of Puerto Rico	3.8 million	
Population not Hispanic or Latino	255.4 million	
Total US population (50 states) (2006)	299.1 million	
Hispanic subpopulations (2006)		
Mexican Americans	66.0%	
Puerto Ricans	9.4%	
Central Americans	7.8%	
South Americans	5.2%	
Cuban Americans	4.0%	
Other Hispanics	7.6%	
	Hispanics	**Non-Hispanic Whites**
Median age, year, Hispanics (2007)	27.4	40.5
≥65 years (2005)	6%	15%
Education, completed high school or more (2004)	58.4%	90%
Income: families with annual earnings <$35,000	50.9%	26%

Sources: US Bureau of Census, *2005 Puerto Rico Survey* (B03002-3-est): 2006b; US Bureau of the Census. The Hispanic Population in the United States: March 2004. *Current Population Reports*, Data Tables including Educational Attainment in the United States, Detailed Tables (PPL-169) (does not include Commonwealth of Puerto Rico). Internet release, last revised March 2004; US Bureau of the Census. *Annual estimates of the population by sex, race, and Hispanic or Latino origin for the United States: July 1, 2006* (NC-EST 2005-03); May 17, 2007b; US Bureau of the Census. 65+ in the United States: 2005. *Current population reports*; 2005c; and US Bureau of the Census. *Current population survey, annual social and economic supplement*. Ethnicity and Ancestry Statistics Branch, Population Division (does not include the Commonwealth of Puerto Rico); 2004b.

and Hispanic as the ethnicity. Although these categories were developed to simplify the process of racial and ethnic categorization, in actuality such a process causes confusion for many and requires clarification. Individuals may not agree with the OMB categories or may not understand with which classification to identify. Nevertheless, their cultural differences based on their nationalities, racial, and ethnic identification and beyond may impact their health-seeking behaviors and other factors associated with their health (e.g., dietary patterns). Therefore, it is important for health professionals to understand the OMB categories and associated concerns and to learn as

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Table 2-4 Percentage of Racial and Ethnic Groups in Latin America

Racial/Ethnic Group	Mestizo	Mulatto	Mixed	Amerindian	White	Black	Other
Mexico	60			30	9		1
Cuba		51			37	11	1[a]
Columbia	58	14			20	4	
El Salvador	90			1	9		
Brazil	53.7	38.5				6.2	1.6
Peru	37			45	15		3[b]
Guatemala	59.4[c]			40.6[b]			

[a]Chinese.
[b]Blacks, Japanese, Chinese, and other.
[c]Mestizo and European; indigenous peoples (Mayans), including K'iche (9.1%), Mam (7.9%), Q'eqchi (6.3%), other Mayans (8.6%), others (0.3%).
Source: Central Intelligence Agency. *The World Factbook*. https://www.cia.gov/library/publications/the-world-factbook/docs/profileguide.html. Accessed September 17, 2009.

much as possible about the wide array of cultures that exist in the United States.

CHAPTER SUMMARY

A wide array of cultures exists within the context of racial categories established by the OMB. Although there is some disagreement with the OMB categorization regarding race and ethnicity, they serve to guide the United States. Hence, the four racial categories and the ethnic category identified here must be studied by health professionals so that services provided are optimal and insightful regarding cultural specifics of the various groups. Factors such as race, nationality, and ethnicity must be explored for each group, enabling better understanding and appreciation of the unique cultural specifics that each group may hold in high regard.

CHAPTER PROBLEMS

1. Explain the unique circumstances under which the ancestors of most Black/African American people arrived in the Americas. Why is it important for health service professionals to understand this history?
2. Only one group of the five racial categories established by the OMB is indigenous to US soil. What is the name of that group and their

14515_CH02_FINAL.indd 18 5/4/12 5:54:34 PM

associated concerns to which health professionals should be sensitive? Provide insight in terms of the health status of this group.

3. Is Hispanic a racial or ethnic category? Explain. How might this impact the status of the African/Black group, for example, in terms of whether it is the largest or second largest minority group?
4. White people came to the Americas largely based on immigration. Is this a true or false statement?
5. List the racial categories based on the OMB classification in the United States. Explain the geographic origins of the people designated for each of the categories. Why is it important for health professionals to understand cultural differences among and between groups?

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