



Mahlet Zeru, MPH Strategy Manager

Washington State is home to a diverse and rapidly growing immigrant population, with individuals from Mexico, India, and China representing the top three countries of birth for foreign-born residents.¹ Whether practicing in urban centers like Seattle, Spokane, and Tacoma or in rural communities across the state, medical providers are likely to care for patients from these diverse backgrounds.²

Understanding the cultural beliefs, health practices, and communication styles of these communities can help providers build trust, improve adherence to treatment plans, and ultimately achieve better health outcomes³. This resource highlights common cultural misunderstandings that arise in clinical settings and offers practical strategies to deliver culturally responsive care.

“Understanding the cultural beliefs, health practices, and communication styles of these communities can help providers build trust, improve adherence to treatment plans, and ultimately achieve better health outcomes”

Cultural Beliefs and Practices: Mexican Patients

Among Mexican and Mexican American patients, health is often viewed through a holistic, family-centered lens. Health is seen not just as an individual concern, but a family responsibility, where elders, spouses, and extended family actively participate in decision-making⁴. Traditional remedies are frequently used alongside Western medicine, including herbal teas, religious or spiritual practices, and visits to curanderos (traditional

healers)⁵. These remedies are deeply rooted in cultural identity and are often viewed as more natural, safe, and accessible^{6,7}. Patients may not disclose their use of traditional healing practices unless providers explicitly inquire.⁸

Another important cultural theme is respect for authority, where patients may nod in agreement out of politeness, even if they do not fully understand the treatment plan or have lingering concerns⁹. This can lead to unintentional nonadherence if misunderstandings are not uncovered¹⁰. Teach-back methods, open-ended questions, and inviting family participation can help providers ensure treatment plans align with cultural values and that patients truly understand the recommended care.^{11,12}

Cultural Beliefs and Practices: Indian Patients

For Indian and Indian American patients, health is frequently viewed through a holistic and integrative framework that blends Western medicine with Ayurveda, yoga, and dietary practices.¹³ Family involvement is central, especially for older adults, where parents, grandparents, and senior relatives often have a strong voice in healthcare decisions.¹⁴

Mental health carries significant stigma in many Indian communities, leading patients to express emotional distress through physical symptoms such as headaches, fatigue, or stomachaches, rather than discussing mental health directly.¹⁵ This somatization can lead to underdiagnosis of depression, anxiety, and other mental health conditions.¹⁶ Providers can ask culturally sensitive questions and normalize discussions of emotional well-being.¹⁷

Additionally, Indian patients also frequently view providers as authoritative experts, expecting them to provide clear guidance rather than fostering collaborative decision-making¹⁸. To improve communication and care outcomes, providers can proactively invite questions, explore the use of traditional remedies, and frame mental health concerns in holistic terms, such as balance and well-being, which may be more culturally acceptable.¹⁹

Cultural Beliefs and Practices: Chinese Patients

Chinese and Chinese American patients often approach health through the framework of Traditional Chinese Medicine (TCM), which emphasizes balance, harmony, and the flow of qi (energy).²⁰ Many Chinese patients combine Western treatments with TCM practices such as acupuncture, herbal therapy, cupping, and dietary modifications.^{21,22} Understanding and respecting these complementary approaches can strengthen trust between patient and provider.²³

Family involvement is highly valued, especially in medical decision-making for older adults. Children or other relatives often serve as cultural bridges, translating medical information and influencing decisions.²⁴ Communication tends to be indirect, with some patients nodding politely to indicate respect, even if they do not fully understand the medical advice.²⁵ This can lead to misunderstandings, especially if providers assume agreement equals understanding.²⁶

To improve culturally responsive care for Chinese patients, Providers can ask explicitly about traditional remedies, use teach-back techniques and encourage family participation where appropriate.²⁷ Recognizing and respecting TCM beliefs, while clearly explaining potential conflicts with Western treatments, can improve adherence and patient satisfaction.²⁸

Cultural Competency References for WA Providers:

- Washington Medical Commission - [Health Equity Training Requirements](#)
- [DOH Health Equity Resources](#)
- [National Standards for Culturally and Linguistically Appropriate Services](#) (CLAS)

Cultural and Language Resources for Providers

Medical Interpretation Services:

- Universal Language Service: (425) 643-7416 - widely used in WA healthcare settings.
- [DOH Language Access Services](#): (Search: Language Access Program)
- [WA Medicaid Interpreter Services](#) (DSHS)

Patient Education Materials in Multiple Languages:

- [MedlinePlus Multilingual Health Information](#)
- [EthnoMed](#) (WA-Based Resource from Harborview Medical Center)

WMC Public Meetings

May

- 01 - [Policy Committee](#)
- 07 - [2025 Legislative Session Wrap Up](#)
- 08 - [Personal Appearances](#)
- 09 - [WMC Business Meeting](#)

June

- 26 - [Policy: Interested Parties](#)

July

- 10 - [Personal Appearances](#)
- 24 - [Policy Committee](#)

August

- 21 - [Personal Appearances](#)
- 22 - [WMC Business Meeting](#)

Full event details can be found on our [event calendar](#)



Endnotes

- 1 Washington State Office of Financial Management. (2020). Foreign-born population in Washington State. Retrieved from <https://ofm.wa.gov>
- 2 <https://usafacts.org/answers/how-many-immigrants-are-in-the-us/state/washington-state/>
- 3 Ragavan, M. I., Griffith, K. N., Cowden, J. D., Colvin, J. D., & Bair-Merritt, M. (2020). Parental Perceptions of Culturally Sensitive Care and Well-Child Visit Quality. *Academic pediatrics*, 20(2), 234–240. <https://doi.org/10.1016/j.acap.2019.12.007>
- 4 Eggenberger, S., Grassley, J., Restrepo, E. (July 19, 2006). “Culturally Competent Nursing Care for Families: Listening to the Voices of Mexican-American Women”. *OJIN: The Online Journal of Issues in Nursing*. Vol. 11 No.3 <https://ojin.nursingworld.org/table-of-contents/volume-11-2006/number-3-september-2006/articles-on-previously-published-topics/culturally-competent-nursing-care/>
- 5 Cruz, M. L., Christie, S., Allen, E., Meza, E., Nápoles, A. M., & Mehta, K. M. (2022). Traditional Healers as Health Care Providers for the Latine Community in the United States, a Systematic Review. *Health equity*, 6(1), 412–426. <https://doi.org/10.1089/heq.2021.0099>
- 6 Lopez R. A. (2005). Use of alternative folk medicine by Mexican American women. *Journal of immigrant health*, 7 (1), 23–31. <https://doi.org/10.1007/s10903-005-1387-8>
- 7 Eggenberger, S. K., Grassley, J., & Restrepo, E. (2006). Culturally competent nursing care: listening to the voices of Mexican-American women. *Online journal of issues in nursing*, 11(3), 7. [Culturally competent nursing care: listening to the voices of Mexican-American women - PubMed](https://pubmed.ncbi.nlm.nih.gov/14736730/)
- 8 Ortiz, C & Smeltzer, S (2024) Utilization of traditional healing practices from Mexico by U. S. women of Mexican origin: A systematic review, Volume 20, Issue 5, <https://doi.org/10.1016/j.explore.2024.04.001>
- 9 Wells, D, Moustafa, Y, Vasquez, A (2023) End-of-Life Care Considerations for the Hispanic Patient in the United States <https://www.mypcnow.org/fast-fact/end-of-life-care-considerations-for-the-hispanic-patient-in-the-united-states/>
- 10 Flores, G. M., & Bañuelos, M. (2021). Gendered Deference: Perceptions of Authority and Competence among Latina/o Physicians in Medical Institutions. *Gender & Society*, 35(1), 110–135. <https://doi.org/10.1177/0891243220979655>
- 11 Corsi, M. P., Jackson, J. D., & McCarthy, B. C., Jr (2019). Cultural Competence Considerations for Health-System Pharmacists. *Hospital pharmacy*, 54(6), 385–388. <https://doi.org/10.1177/00185787188809259>
- 12 Clarke, S. K., Jaffe, J., & Mutch, R. (2019). Overcoming Communication Barriers in Refugee Health Care. *Pediatric clinics of North America*, 66(3), 669–686. <https://doi.org/10.1016/j.pcl.2019.02.012>
- 13 https://aahiinfo.org/wp-content/uploads/2023/04/Healthcare-Handbook_Hindu.pdf
- 14 Chadha N.K [Intergenerational Relationships: An Indian Perspective](https://doi.org/10.4103/psyciatry.IndianJPsychiatry.89_17)
- 15 Gautam, S. (2017). Stigma and mental health in India. *Indian Journal of Psychiatry*, 59(1), 38–43. https://doi.org/10.4103/psyciatry.IndianJPsychiatry.89_17
- 16 Raguram, R., Weiss, M. G., Channabasavanna, S. M., & Devins, G. M. (1996). Stigma, depression, and somatization in South India. *The American journal of psychiatry*, 153(8), 1043–1049. <https://doi.org/10.1176/ajp.153.8.1043>
- 17 Ben-Arye, E., Lopez, G., Rassouli, M., Ortiz, M., Cramer, H., & Samuels, N. (2024). Cross-Cultural Patient Counseling and Communication in the Integrative Medicine Setting: Respecting the Patient’s Health Belief Model of Care. *Current psychiatry reports*, 26(8), 422–434. <https://doi.org/10.1007/s11920-024-01515-2>
- 18 Selvan, C., Lathia, T., Chawak, S., Katdare, P., Nayak, R., & Chittam, M. (2021). The Weight of Words: Indian Physicians’ Perspectives on Patient Communication to Promote Diabetes Adherence. *Indian journal of endocrinology and metabolism*, 25(5), 395–401. https://doi.org/10.4103/ijem.ijem_313_21
- 19 Ben-Arye, E., Lopez, G., Rassouli, M., Ortiz, M., Cramer, H., & Samuels, N. (2024). Cross-Cultural Patient Counseling and Communication in the Integrative Medicine Setting: Respecting the Patient’s Health Belief Model of Care. *Current psychiatry reports*, 26(8), 422–434. <https://doi.org/10.1007/s11920-024-01515-2>
- 20 Ma G. X. (1999). Between two worlds: the use of traditional and Western health services by Chinese immigrants. *Journal of community health*, 24(6), 421–437. <https://doi.org/10.1023/a:1018742505785>
- 21 Xu, J., & Yang, Y. (2009). Traditional Chinese medicine in the Chinese health care system. *Health policy (Amsterdam, Netherlands)*, 90(2-3), 133–139. <https://doi.org/10.1016/j.healthpol.2008.09.003>
- 22 Matos, L. C., Machado, J. P., Monteiro, F. J., & Greten, H. J. (2021). Understanding Traditional Chinese Medicine Therapeutics: An Overview of the Basics and Clinical Applications. *Healthcare (Basel, Switzerland)*, 9(3), 257. <https://doi.org/10.3390/healthcare9030257>
- 23 EthnoMed. (2022). Chinese cultural profile. Harborview Medical Center. Retrieved from [Chinese - EthnoMed](https://www.ethnomed.com/ethnomedia/ethnicity/Chinese)
- 24 Leung, Edwin, “Language and Culture as Barriers to Healthcare for Chinese Immigrants” (2019). University Honors Theses. Paper 657. <https://doi.org/10.15760/honors.981>
- 25 EthnoMed. (2022). Chinese cultural profile. Harborview Medical Center. Retrieved from [Chinese - EthnoMed](https://www.ethnomed.com/ethnomedia/ethnicity/Chinese)
- 26 https://www.lacrosseconsortium.org/uploads/content_files/files/Chinese%20Culture.pdf
- 27 Center for Substance Abuse Treatment (US). Improving Cultural Competence. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 59.) 3, Culturally Responsive Evaluation and Treatment Planning. <https://www.ncbi.nlm.nih.gov/books/NBK248423/>
- 28 Zhang, A. Y., & Snowden, L. R. (1999). Ethnic characteristics of mental health service utilization patterns in Chinese Americans. *Journal of Nervous and Mental Disease*, 187(9), 563–567. <https://doi.org/10.1097/00005053-199909000-00006>